



Strategic Plan 2005-2011: **Children's Administration**

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Purpose of This Document

This strategic plan communicates how we will advance our mission and goals in a changing environment and meet our future challenges, so that we can better serve the vulnerable children and families in Washington State. This document is a road map that guides the business policies and improvement strategies for our organization, employees and partners.

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Executive Summary

Several years ago, we started a reform effort called the *Kids Come First Action Agenda*, under DSHS Secretary Dennis Braddock's leadership. The 2005-2011 strategic plan launches the Children's Administration into Phase II of this agenda, with an emphasis on child safety, engaging and supporting families and a consistency of practice across the state that will improve outcomes for children and families.

To support implementation of this improvement plan, we need to enhance the Children's Administration's infrastructure by redesigning critical service components, realigning staff at the headquarters office, improving the ability to be accountable through data-driven decision making and updating the child welfare information technology system. Over the next seven years, the administration will focus on:

- Keeping children safe in their own communities.
- Finding permanent, safe and appropriate homes as soon as possible to prevent multiple placements.
- Engaging and involving families and Tribes in case planning.
- Preserving family connections for children removed from their homes, improving children's mental and physical health and enhancing educational opportunities.
- Providing strengthened services for adolescents.
- Enhancing kinship care and support for caregivers.
- Recruiting and retaining resource families (foster, kinship and adoptive).
- Using consultation and partnerships to provide resources for better meeting the needs of children and their families.
- Building and refining an array of services and accessibility to best meet the needs of children and families.
- Ensuring CA is working efficiently and effectively by using quality assurance methods and best practice standards.

Note: Terms used throughout this plan refer to the following definitions unless specifically identified otherwise:

"Foster parent" refers to both licensed foster parents and unlicensed relative and/or kinship caregivers.

"Child" or "children" refers to any infant, child, or adolescent aged 0-18 served by the Children's Administration.

Chapter 1 • Our Guiding Directions

MISSION

The mission of the Children's Administration is first to protect abused and neglected children, to support the efforts of families to care for and parent their own children safely, and to provide quality care and permanent families for children in partnership with parents and kin, Tribes, foster parents and communities.

VISION

The Children's Administration seeks to be an organization that provides excellent services, which produce successful safety, well-being, and permanency outcomes for children and families. We strive to be innovative, results-driven, responsive to changing needs, accountable, and guided by a commitment to professionalism and excellence in the field of child welfare. We promote teamwork and embrace our partnership with parents and kin, Tribes, foster parents and communities in the design and delivery of child and family services we would be proud to offer our own families.

GUIDING PRINCIPLES/CORE VALUES

We Believe Children Have the Right to Live in Safe, Supportive, and Permanent Homes

We believe safety is the first priority when making decisions about children. Protecting children is primarily the responsibility of families and communities, and we intervene to protect children only when families are unable to do so. We first seek permanent homes with parents, then with extended family members to maintain important family connections and heritage and, finally, seek permanent homes with non-relatives if we are unable to secure care for children within their extended families. We support family and community partnerships that protect children, provide stability and expedite permanency in children's placements.

We Support Families and Build on Their Strengths

We believe that families are the best place for children to grow and develop. The family is the best and most effective structure to assure stability, nurturing care, and safety for its members; families are responsible to provide for their children and make decisions concerning their children's welfare. We strive to recognize and support family strengths and culture, to discover options, to help families make choices and to understand the results of their choices.

We Join With Foster Parents as Essential Partners in Caring for Children

We embrace the principles of the Foster Parents' Rights and Responsibilities statement, which guide the course of the relationship between foster parents and the administration toward a mutual goal of fostering safe, healthy children. We value foster parents as members of the child's team and as advocates for children in their care, with the right to a supportive relationship with the agency.

We Partner with Tribes and Communities in Serving Children and Families

We value our partnerships with Tribes, communities, and public and private agencies to promote the safe and healthy growth and development of children in their own homes and in out-of-home placement. We encourage open communication and we

work with communities to resolve issues. We strive to make decisions openly, with as much consultation and shared decision-making as possible. We support federally and non-federally recognized Tribes and off-reservation recognized Indian organizations and their rights to provide for and nurture their own children.

We Value Diversity and Respect

We value the racial, ethnic, religious, and cultural diversity of our clients and staff. We are committed to exceptional customer service, which reflects respect and appreciation for diverse needs. We strive to provide services to children and families that are individualized, community-based, culturally appropriate and responsive. We work to develop and maintain a workforce that reflects the diversity of the people that we serve and contributes to the quality of life of our clients and communities.

We Encourage Excellence in All We Do

We encourage staff to be innovative and resourceful, making efficient use of state resources, while providing exceptional quality service. We strive to be open, caring and capable and to be accountable for the choices we make. Employees deserve to be supported and nurtured so they can support and nurture each other and the families we serve. We are committed to building on the strengths of others and to developing a professional and competent workforce.

STATUTORY AUTHORITY

RCW 13.32 – Family Reconciliation Services

Authorizes voluntary services and assistance for parents and children who are in conflict. These conflicts are manifested by children who exhibit various behaviors including: Running away, substance abuse, serious acting out problems, mental health needs, and other behaviors that endanger themselves or others.

RCW 13.34 – Juvenile Dependency and Termination of a Parent and Child Relationship

Mandates the coordination of services to parents and children in child dependency cases. The family unit should remain intact unless a child's right to conditions of basic nurture, health, or safety is jeopardized.

RCW 26.33 – Adoption Services

Authorizes adoption to provide stable homes for children. Adoptions should be handled efficiently, but the rights of all parties must be protected. The guiding principle must be determining what is in the best interest of the child.

RCW 26.44 – Child Protective Services

Authorizes protection of children from abuse and neglect while preserving family integrity to the maximum extent possible.

RCW 26.50.150 – Domestic Violence Perpetrator Programs

Authorizes certification of programs providing treatment of perpetrators of domestic violence.

RCW 70.123 – Shelters for Victims of Domestic Violence

Authorizes minimum standards and contracts for the provision of safe emergency shelter and/or safe homes for victims of domestic violence and their children.

RCW 74.13 – Child Welfare Services

Authorizes a comprehensive and coordinated program of public child welfare services for children who require guidance, care control, protection, treatment or rehabilitation to safeguard, protect and contribute to the welfare of children.

RCW 74.13.100-159 – Adoption Support

Authorizes a program to encourage the adoption of hard-to-place children. Directs the department to reduce the number of such children who must be placed or remain in foster homes or institutions until they become adults and to reduce the total cost to the state of foster home and institutional care. Authorizes the department to join interstate agreements to provide services for children and families on the Adoption Support Program.

RCW 74.14A – Children and Family Services

Mandates that state efforts shall address the needs of children and their families, including services for emotionally disturbed and mentally ill children, potentially dependent children and families in conflict. Requires state efforts to be sensitive to family and community culture, norms, values and expectations, ensuring that all services are provided in a culturally appropriate and relevant manner.

RCW 74.14B – Children’s Services

Authorizes children’s service worker and foster parent training, services for child victims of sexual assault, use of multi-disciplinary teams and therapeutic child day care and treatment services.

RCW 74.14C – Preservation Services

Authorizes the provision of family preservation services and intensive family preservation services to prevent child dependency, the unnecessary placement of children in out-of-home care and to facilitate the reunification of children with their families.

RCW 74.15 – Foster Care Licensing

Directs the department to safeguard the health, safety and well-being of children and developmentally disabled persons receiving care away from their own home, strengthen and encourage family unity and sustain parental rights and responsibilities by providing foster care. Authorizes the department to license homes, facilities and agencies and to assure that adequate standards are maintained.

Chapter 2 • The People We Serve



INTRODUCTION

The DSHS Children's Administration (CA) developed this plan as a foundation for the direction of the agency for Fiscal Years 2005–2011. The plan provides a unifying vision to organize the efforts of over 2,300 employees to better serve children and families. It incorporates state requirements and federal requirements and priorities identified by policy makers, Tribes and Indian organizations, advisory committees, foster parents, children in care, management and staff and guides decision-making and priority-setting over the next seven years. It is considered a living document. It is expected that the goals, objectives and strategies in the plan will change over time in response to new priorities and feedback from our community partners. The plan will be updated to reflect these changes.

Like many organizations, CA integrates strategic (long-term) and operational (short-term) planning. Creating operational plans in the context of the strategic plan demonstrates the direct connection between the highest-level objectives of the organization and the lowest-level activities needed to achieve them. The integrated plan provides meaningful linkages between decision-making, implementation and actual performance at all levels of the agency. The strategic plan serves as the federal Child and Family Services Plan (CFSP), with the specific detailed information required by the CFSP as Appendices.

Examples of CA Operational and Implementation Plans

- Program Improvement Plan (PIP) required by the federal Child and Family Services Review (CFSR)
- Indian Policy 7.01 Plan
- Statewide and Regional Diversity Plans

PROGRAM DESCRIPTION *(Updated August 24, 2005)*

DSHS Children's Administration (CA) provides services to vulnerable children up to 18 years old and their families.

- **Field Operations Division:** Provides direct client child welfare and licensing services through forty-four local offices located in six geographic regions throughout the state; program implementation and risk management.
- **Program and Practice Improvement Division:** Develops and communicates program priorities and policies to guide operations and service delivery activities; quality assurance, staff training and training for foster and kinship care providers and adoptive parents.
- **Finance and Operations Support:** Provides fiscal management, data analysis, workforce operations and contracting services.
- **Information Technology Services:** Provides IT support and training, and develops and maintains information systems.

Children and Family Services (CFS) is CA's largest provider of direct client services. Children and families enter CFS through three primary program areas, Child Protective Services (CPS), Child Welfare Services (CWS) and Family Reconciliation Services (FRS). These programs are responsible for the investigation of child abuse and neglect complaints, child protection, family preservation, family reconciliation, foster care, group care, in-home services, independent living, and adoption services for children age 0 to 18 years.

Licensed Resources (LR) investigates allegations of child abuse and neglect in DSHS licensed, certified and state-operated care facilities for children (including the biological and adopted children of licensees). LR is responsible for licensing foster care and group care facilities, as well as child placing agencies in Washington State. LR also monitors the quality of care offered by these providers.

Programs Offered by Children and Family Services



CHILD PROTECTIVE SERVICES (CPS)

Child Protective Services provides 24 hour, seven day a week intake, screening and investigative services for reports of alleged child abuse and neglect. CPS social workers investigate appropriate referrals to assess the safety and protection needs of children and, when necessary, intervene by providing services designed to increase safety and protect children from further harm.

Law enforcement, courts, Tribes, and community teams are also critical members of the child protection system. Each has a distinct role and is integral to the checks and balances designed to protect children from abuse and neglect and to safeguard families from unnecessary disruption.

When it appears that a child is in danger of being harmed or has already been seriously abused or neglected, CPS, with a police officer or court order putting the child in protective custody, places the child with a relative or in foster care. By law,

a child can be kept in protective custody for no more than 72 hours, excluding weekends and legal holidays. If the child is not returned to the parents or some other voluntary arrangement made within 72 hours, the matter must be reviewed by a court. If risk warrants ongoing placement, dependencies must be established in court within 75 days.

CHILD WELFARE SERVICES (CWS)

Child Welfare Services provides both permanency planning and intensive treatment services to children and families who need help with chronic or serious problems which interfere with their ability to protect or parent children, such as on-going abuse and neglect or intensive medical needs. Child Welfare Services are provided to children and families when long-term services are needed beyond those available through Child Protective Services (CPS) or Family Reconciliation Services (FRS). Most children served in this program are dependents of the state, in out-of-home care, or legally free for adoption.

FAMILY RECONCILIATION SERVICES (FRS)

Family Reconciliation Services are voluntary services devoted to maintaining the family as a unit and preventing the out-of-home placement of adolescents. FRS is available to families seven days a week, twenty-four hours a day. Families requesting FRS are offered crisis stabilization services by CFS FRS staff. This service is referred to as Phase I. Families who need further intervention are referred to Phase II, which is contracted crisis counseling lasting up to 12 hours within a six-week period.



Programs Offered by Licensed Resources

Licensed Resources provides Child Protective Service investigations regarding allegations of abuse and neglect to children in licensed, certified and state-operated facilities. This program has five main goals: 1) ensure the immediate safety of alleged child victims; 2) investigate allegations of child abuse and neglect and make determinations regarding the existence of child abuse and neglect; 3) assess

whether the child in question has been abused or neglected in a state-regulated setting in ways that have not been alleged; 4) identify risk factors within the facility which create a substantial risk of harm to children; and 5) ensure consistency and equity toward providers in the investigation of abuse and neglect.

Foster Care Licensing inspects and licenses family foster homes, residential group care facilities, Crisis Residential Centers, overnight shelters, maternity services providers, and child placing agencies which license private agency foster homes. Foster Care Licensing also investigates complaints alleging that licensed facilities are not meeting licensing standards and works with providers to both comply with and exceed minimum requirements.

OUT-OF-HOME CARE SERVICES

Adoption Program

CA's adoption program focuses exclusively on placing special needs children in foster care into adoptive homes. These children may be difficult to place for adoption because of emotional and behavioral problems, developmental delays, or because they are part of a sibling group or are older (over the age of five years). Adoption Services recruits and screens families interested in adopting children who are in the care and custody of the department. CA places waiting children in homes with approved adoptive families and provides adoption planning, preparation, and pre- and post-placement services to the adoptive child and family. CA implements the adoption policy of the Indian Child Welfare (ICW) Act of 1978.

Adoption Support Program

Funding resources are available through the Adoption Support Program to assist families adopting children with special needs. Adoption Support is designed to help families offset the additional expenses involved in caring for a child with special needs. Pre-authorized counseling, medical and dental services, non-recurring adoption costs, and a negotiated monthly cash payment are some of the services that may be subsidized through Adoption Support.

Adoption Medical

Adoption Medical provides medical services to eligible adopted children through the state Medicaid program.

Behavior Rehabilitation Services (BRS)

CA contracts with community agencies for behavior rehabilitation services for children and youth with serious emotional, behavioral or medical difficulties who cannot be adequately served in family foster homes. BRS provides a high level of care and treatment for children and youth with the most severe and intensive needs. BRS is time limited with a focus on a return to a less restrictive environment. Services are offered in an array of settings including the child's home, a treatment foster home or a group residential setting.

Crisis Residential Centers (CRC)

Crisis Residential Centers provide temporary shelter for youth ages 12 through 17 who run away from home or are in severe conflict with their parents. CRCs are available twenty-four hours per day, seven days per week. Placement is limited to a maximum of five days, and services are focused on the goal of family reunification.

Secure Crisis Residential Centers (S-CRC)

Secure crisis residential centers provide twenty-four hour availability for short-term placements of up to five-days for runaways placed by law enforcement. These facilities were mandated by the "Becca Bill" legislation passed in 1995. The S-CRCs have locked doors and windows and fenced grounds, but otherwise operate as other CRCs, with an emphasis on assessment of needs and family reunification.

Family Foster Home Care Services

Foster homes provide twenty-four hour care for children of all ages who need temporary or extended out-of-home placement due to child abuse, neglect or family conflict. Foster care is provided by licensed foster parents or unlicensed relative caretakers and is viewed as a short-term solution to an emergent situation. The goal of foster care services is to return each child home safely or to find another

appropriate permanent home as quickly as possible. Foster care services are also available with licensed foster parents through community child placing agencies.

HOPE Centers/Responsible Living Skills Program (RLSP)

The Washington State Homeless, Youth Prevention/Protection and Engagement Act (HOPE) passed by the legislature in 1999 created HOPE Centers and Responsible Skills Living Programs. HOPE Centers are temporary residential placements for street youth. Youth can remain in a HOPE Center for up to 30 days while they receive assessment services and a permanent placement is identified. HOPE Centers are intended to stabilize an adolescent, perform comprehensive assessments of the youth's physical and mental health, identify substance abuse problems and educational status, and develop a long-term permanent plan. The RLSP may serve as a permanent placement for dependent youth between the ages of 16 and 18 years who will exit from foster care into independent living at age 18. RLSP and ILS (see below) are programmatically integrated.

Independent Living Services (ILS)

The federal CHAFEE Foster Care Independence Act (1999) requires states to identify youth who are likely to remain in foster care until age 18 and to provide those youth with a variety of Independent Living Services. Services include education, training, and support in the areas of educational stability and achievement, vocational training, career exploration, mentoring, employment placement and retention, daily living skills and avoidance of high risk behavior. Washington State administers these services to youth in state care through community-based and Tribal contractors. Independent Living Services are funded primarily through federal grant monies.

Transitional Living Program

The federal CHAFEE Independence Act was amended in 2001 and directs states to deliver transitional living services to former foster care recipients between the ages of 18 and 20. Transitional living support services include assistance in accessing safe and stable housing, employment training, placement and retention services, and support toward the attainment of either a high school diploma or General Education Development (GED) certificate.

Street Youth Services

Street Youth Services help those youth who are not effectively served through traditional methods of counseling. These youth, referred to as street youth, are living away from their homes and may be chemically dependent and/or actively involved in prostitution or delinquent behaviors. Services are aimed at diverting youth from street involvement by providing emergency services to youth actively engaged in street activities, and transitional services to youth who are ready to leave the streets.

Social Security Program for Children in Foster Care

CA has a specialized program that identifies children in foster care with disabilities and applies for Supplemental Security Income (SSI) on their behalf. These applications and appeals result in monthly SSI benefits that can be used for reimbursement of the child's foster and group care expenses. Excess funds are placed into dedicated accounts for the child's personal benefit. These benefits follow children when they leave care and are frequently part of the reunification plan. At any given time, there are about 1,100 children in foster care who qualify for SSI benefits and about 400 children who qualify for Social Security benefits based on the death or disability of a parent.

OTHER FOSTER CARE SERVICES

Interim and Receiving Care Services

Emergency placement resources in Crisis Residential Centers or Assessment Centers are available for children and youth pending family reunification or longer-term family or group care. Family Receiving Homes provide emergency placement services for children and youth removed from their homes because of abuse, neglect or family conflict.

Employed Caregiver Child Care

The Employed Caregiver Child Care Program pays for child care to support a foster parent's or relative caretaker's ability to maintain employment. Child Care may be authorized for a child placed by CA or a CA certified agency without regard to the foster parent's or relative's income.

Foster Care Assessment Program (FCAP)

The Foster Care Assessment Program is a statewide contracted program to assess children who have been in out-of-home placement for more than 90 days and are in need of intensive planning to help ensure permanency. The program targets children who have complex problems which may pose barriers to the achievement of stable permanent placements.

Passport Program

The Foster Care Passport Program is an automated health and education record keeping and tracking system for children in out-of-home care for more than 90 days. CA and local public health districts collaborate to administer the program. Public health nurses located in Children's Administration offices input information about the child's medical history and treatment, while social workers input social, behavioral and educational data. This information is given to foster parents at the time of placement and it is updated every six months or whenever a child moves.

Pediatric Interim Care (PIC)

There are currently three Pediatric Interim Care programs available in Washington State. One is a facility-based program that provides care and medical support to drug-affected infants for up to 45 days. Another provides care and intensive services to drug-affected infants and children ages birth to three years through trained foster homes. The third program provides support services, but no placements, for drug affected children ages birth to three directly to the child through the foster parents, relative caregivers, and/or the birth parents to promote the child's well being and to provide training to the families on the particular needs of drug affected children.

Transportation and Supervised Visitation

Parent-Child Visitation contracts provide transportation and supervision for visits between children in out-of-home care and their families, essential services that support family reunification.

IN-HOME SERVICES

Alternative Response System (ARS)

Alternate Response System services are provided statewide through regional contractors to help reduce the risk of child abuse and neglect and re-referrals to CPS. ARS serves families whose CPS referrals are determined to be low risk or moderately low risk at intake or following investigation. Priority is given to families who have

one or more of the risk factors which research has shown to best predict the likelihood of re-referral. Contracts are outcome oriented rather than fee for service, and operate under one of two ARS models: Public Health Nurse (PHN) model or Social Service. The Public Health model focuses on health issues particularly with children under the age of six. The Social Service model has a broad focus, ranging from parenting classes to making referrals for housing and employment resources.

Home Support Specialists (HSS)

Paraprofessional CFS employees are assigned to work directly in the home with high risk families teaching parenting skills. This includes basic physical and emotional care of children, personal hygiene, nutrition, homemaking and life skills. Home Support Specialists also connect families with community resources and facilitate supervised visitation. Families receiving either CPS or CWS can be served by these paraprofessionals.

Public Health Nurses Early Intervention Program

Trained public health nurses are available to provide voluntary in-home nursing services, which can prevent the need for more intrusive CFS interventions for at-risk families with young children.

FAMILY SUPPORT SERVICES

CPS/CWS Child Care

Subsidized childcare can be provided for at-risk families as part of a CFS case plan for families receiving CPS or CWS services. This childcare can be provided without requiring families to participate financially.

Family Preservation Services (FPS)

Family Preservation Services are available primarily to families whose children face "substantial likelihood" of being placed outside of the home or to assist with reunifying a child with their family (from out-of-home care). Interventions focus on resolving the immediate crisis and strengthening a family's relationships through a variety of community resources. FPS are available to families within 48 hours of referral and are offered for a maximum of six months by a contracted service provider

Intensive Family Preservation Services (IFPS)

Intensive Family Preservation Services are available to families whose children are at "imminent risk" of foster care placement or to reunify a child with their family from out-of-home care. Contracted community agencies provide intensive in-home therapeutic services (6 to 10 hours of therapy per week) for up to 40 days, or paraprofessional services for up to 90 days. Services are available seven days a week, twenty-four hours a day. IFPS focus on improving the family's ability to overcome a crisis situation and to remain together safely.

Home Based Services (HBS)

CFS social service staff can purchase supplemental services for families who are at risk of child placement or support for families with children returning to their families following placement in foster care. Home Based Services are individualized to meet each family's need within available resources. Services may include parent aides and counseling, as well as supports for basic needs such as clothing, shelter, employment or transportation.



Other Programs Administered by the Children's Administration

Domestic Violence Services *(Updated August 24, 2005)*

The Domestic Violence Program provides support for community-based shelters, emergency counseling and legal advocacy for children and families who have experienced domestic violence. A statewide toll-free hotline is available to link victims with services in their communities. CA also sets minimum standards for domestic violence perpetrator programs and certifies perpetrator treatment programs. Victims of domestic violence can receive emergency shelter, crisis counseling, court accompaniment and advocacy, and other support services from agencies that hold DSHS contracts. Funding is provided from state general funds, the federal Victims of Crime Act victim assistance grant, and the federal Family Violence Prevention and Services Act grant.

Sexually Aggressive Youth (SAY)

Special programs are offered for sexually aggressive youth. Comprehensive intervention and treatment services are available for children who meet the definition of Sexually Aggressive Youth as defined in RCW 74.13.075. These services include one-time expenses for tests, equipment, or emergency interventions as well as ongoing evaluations, treatment and supervision.

Indian Child Welfare Services (ICW)

Services are provided to Indian children, consistent with the federal Indian Child Welfare Act (ICWA) and the Tribal-Washington State ICW Agreement of 1987, in the areas of child protective services, foster care, dependency guardianship, termination of parental rights, and adoption proceedings. In addition to direct services provided by the administration, additional services are funded through contracts with federally and state-recognized Indian Tribes and other Indian organizations in the state enabling providers to serve their own Tribal members and off-reservation Indians. The administration monitors and provides technical assistance to its own staff and contracted Tribes and agencies on compliance with federal and state requirements related to the care of Indian children.

Interstate Compact Placement of Children (ICPC)

This is a statutorily established (RCW 26.34) reciprocal placement and service agreement between Washington State and other states that governs the out-of-state placement of dependent children.

Medicaid Treatment Child Care (MTCC)

This program provides medically necessary psycho-social services to young children at risk of child abuse and neglect. Each child is assessed and an individualized treatment plan is developed to address the needs identified in the assessment.

Child Health & Education Tracking (CHET)

Child Health & Education Tracking is a legislatively mandated screening program designed to assess children who are placed in out-of-home care. Implementation of the CHET program provides "front end" planning for children who will remain in care for longer than 30 days. Washington State requires that CHET be conducted for children within their first 30 days of placement. CHET assesses the condition and level of functioning in five life domains: physical/medical, developmental, educational, family/social and emotional/behavioral. Standardized tools are used in assessing the developmental and emotional/behavioral life domains.

Chapter 3 • Environmental Context

APPRAISAL OF EXTERNAL ENVIRONMENT

(Updated August 24, 2005)

Children's Administration staff work in an environment of pressure to protect children and enhance their quality of life while under intense public and legislative scrutiny. The demand for services from CA is greatly influenced by demographic, social and economic factors.

In June 2005, the Economic and Revenue Forecast Council (ERFC) reported that Washington's employment rate grew 3.7 percent in the first quarter of 2005 from an also strong 3.4 percent in the fourth quarter of 2004. Washington has not experienced such an employment spurt since 1997 in the middle of the last aerospace upturn. The forecast expects employment growth to improve 2.8 percent this year. Employment growth is expected to retreat to 2.1 percent in 2006 and 1.8 percent in 2007. Despite the drag on the economy of record high oil prices, spending remains strong and the economy continues to produce more revenue than expected.

Reflecting the improving economy, Washington's population grew by an estimated 88,600 people, or a healthy 1.4 percent in the past year. The estimate, prepared annually by the State Office of Financial Management, pushes Washington's population to 6,256,400 as of April 1, 2005. This compares to lesser gains of 68,500 in 2004, or 1.1 percent, and 56,600, or 0.9 percent, for 2003. This growth is due largely to more people moving in from other states and abroad.

Since young adults and young families are the most mobile segments of the population, changes in the level of net migration to Washington may have a considerable effect on state service demands. Increased migration levels now show 1,145,500 school-aged youngsters by 2010—23,300 higher than in the prior forecast.

According to a July 27, 2005, policy brief issued by the Human Services Policy Center at the Evans School of Public Affairs, University of Washington, one in ten Washington children experience multiple risks that threaten their well-being. In 2003, 35 percent of children in Washington lived in homes where no adult had year-round, full-time employment.

Parental unemployment has been linked to increases in child abuse and neglect and decreases in parental warmth toward and involvement with their children. Compounded with other risks, this will heighten the probability that children will suffer social, medical, and academic setbacks.

In a recent analysis of risks to child and family well-being, Washington Kids Count (WKC) found that one-tenth of Washington children (145,000) experienced three or more risks, which may be enough to boost the danger of adverse outcomes. For African American, Native American, and Hispanic children, the stakes were even higher, with one in five children experiencing three or more risks.

APPRAISAL OF INTERNAL ENVIRONMENT

(Updated August 24, 2005)

The Children's Administration is committed to improving practice, bettering outcomes for children and families and being accountable to the families and communities served by the administration. CA is pursuing a variety of quality improvement measures designed to assess and maintain best practices consistent with a wide range of performance indicators.

CA has a good foundation to build on because of the state's progressive *Kids Come First Action Agenda*, launched in 2000. New tools for assessing children's risk of harm, improved training for both social workers and foster parents, and reduced caseloads for social workers are improvements made through *Kids Come First*.

Accreditation is one means by which child welfare agencies objectively demonstrate success in meeting best practice standards and CA has chosen the National Council on Accreditation (COA) to serve as its accrediting body. COA accreditation is a process of evaluating an organization against best-practice standards. CA is working towards attaining accreditation of headquarters and all 44 field offices by 2007.

In March 2005, the newly elected Governor Christine Gregoire appointed Robin Arnold-Williams as the Secretary of DSHS. Soon after, they announced a commitment to improve the safety of children by making sure children are seen sooner and visited more often when there is a report of child abuse and neglect. The Secretary called for a "back to basics" approach to providing child welfare services and reinforced her expectation that all DSHS administrations be financially accountable and stay within their appropriated budgets.

In May 2005, Cheryl Stephani, a veteran manager of issues regarding children and teens, took charge as the Assistant Secretary of CA. As Assistant Secretary of the DSHS Juvenile Rehabilitation Administration, she had led that organization in adopting and implementing evidence-based treatment programs over the past five years.

CA has a total of 2,465 (annual) Full Time Equivalents (FTEs) and a budget of \$951.4 million for fiscal years 2006 and 2007. While caseload sizes vary in offices throughout the state, the average caseload has decreased by about one-third since 1995 and was at 25.7 cases per social worker in June 2005. This is up slightly from the legislatively funded level of 1:24. CA is reducing management staff and increasing the number of social workers who work directly with children and families.

Virtually all aspects of the state's civil service system are changing, including new rules and processes for hiring, classification and compensation, performance management, training, corrective/disciplinary action, reduction-in-force, and more. This new system will apply in full to employees who are not in collective bargaining units. Some aspects may be superseded by collective bargaining agreements. Non-classified (exempt) employees are not affected. Washington Management Service is covered by a separate set of rules. These rules are under review.

Approximately 32 percent of CA's budget is used to purchase services for clients. CA is looking closely at these service contracts and working with business partners to build a strong and effective service array that is more consistent across the state and meets the individual needs of children and families.

Jessica Braam, et al, v. State of Washington Department of Social and Health Services was filed in 1998 by current and former foster children who claimed they experienced significant harm to their well-being due to deficiencies in the foster care system. Following a series of legal proceedings, the case reached settlement in August 2004. Under the settlement, DSHS will better address the needs of foster youth in six key areas: stable placements, mental health services, foster family training and support, unsafe or inappropriate placements, separation of siblings when placed in out-of-home care and services for adolescent.

The DSHS Prevention/Awareness Team leads a public education campaign to raise awareness about reporting suspected abuse of children and vulnerable adults. Each April, during Child Abuse and Neglect Prevention Month, a statewide coalition organizes a month-long schedule of events and public education to help protect children. The coalition includes the DSHS Prevention/Awareness Team, Washington Council for Prevention of Child Abuse and Neglect (WCPCAN), Washington State CASA (Court Appointed Special Advocates), Children's Hospital and Childhaven. The partners developed a continually updated prevention awareness resources website. Coinciding with Child Abuse and Neglect Prevention Month, the partners launched a website in 2004 informing parents and communities of the legal alternatives to abandonment of newborns.

CLIENT CHARACTERISTICS

The Children's Administration touches the lives of nearly 4 percent of the Washington state population annually as consumers of the services offered by CA. In FY 2004, CA provided services to an estimated 240,000 individuals. More than 18,200 of these were children cared for in out-of-home placements.

Other facts about the children and families who require the assistance of the Children's Administration (Fiscal Year 2004 unless otherwise stated):
(Updated August 24, 2005)

- 98,000 total new requests for services
- 80,000 referrals for abuse or neglect (nearly 1 in every 35 children in Washington State)
- 18,000 voluntary requests for services
- 38,000 referrals accepted for CPS investigation concerning nearly 47,000 children
- 7,300 new placements
- More than 6,800 children exited from out-of-home care (4,887 went home; 1,110 were adopted; 434 in guardianships)
- As a snapshot, 24,160 cases were open for services in June 2005, with approximately:
 - 39.0 percent open for Child Protection Services
 - 51.9 percent open for Child Welfare Services
 - 9.1 percent open for Family Reconciliation Services

Children's educational achievement is receiving greater public attention and is part of the Governor's agenda. Currently, 30 percent of the 470 youth who stayed in care last year until they turned age 18 earned a high school diploma and 9 percent earned a GED. Another 29 percent were enrolled in a vocational program at the time they left care. Twenty eight children in foster care received a Washington State Governor's Scholarship in 2004. Governor Locke established this scholarship program to assist youth in state-recognized foster care to enroll in and complete college programs.

Many factors influence how well children progress academically. For children in the custody of the state, this challenge will continue to be met through better partnering with local schools, school districts and the Superintendent of Public Instruction's (SPI) office, as well as through strategies to support children in age appropriate educational, developmental and mentoring programs. A Washington State Institute for Public Policy report, *Educational Attainment of Foster Youth: Achievement and Graduation Outcomes for Children in State Care*, November 2001, found that:

Surprisingly, a youth's length of stay in foster care and other placement characteristics do not appear to be related to educational attainment. Foster youth in short-term care, for example, have on average the same educational deficits as children in long-term foster care.

Many children who enter foster care have complex emotional issues that need lengthy treatment and counseling. In addition, accessing mental health services can be frustrated by systemic barriers. The mental health field is structured to provide

short-term services that do not meet the long-term mental health needs of children in out-of-home care. Related to this, the emotional issues common to children in foster care often do not meet the medical necessity standard that creates the threshold for mental health services. Lack of a clinical diagnosis may prevent a vulnerable child in need of emotional support and intervention from receiving services through RSN-funded programs.

As a final consideration, the impact of adult substance abuse on the incidence of child abuse and neglect continues to be considerable, as evidenced in both the research and data available to analyze outcomes and service provision strategies.

ACTIVITY LINKS TO MAJOR PARTNERS

Families and Communities Together (FACT) projects seek to develop community partnerships • Families and Communities Together (FACT) is a major DSHS integration initiative being piloted with projects in Spokane County and Whatcom County. The projects began in March 2004 and are focused on developing a comprehensive community network and seamless system of supports and resources for needy families and children. No Tribes are in the catchment areas of this project currently, but its success so far makes it desirable to expand it, as possible. Children's Administration leads the Spokane FACT pilot.

DSHS initiates an effort to deliver mental health services to children more effectively • Three administrations of DSHS (Children's, Health and Rehabilitation Services/Mental Health Division, and Juvenile Rehabilitation) are planning a different approach to the delivery of mental health services to children and their families. The Children's Mental Health Initiative is being implemented using four strategies that support families, children and youth to building strong and productive relationships:

- Introduce and expand use of Evidence Based Practices
- Coordinated care for children and youth with complex needs
- Jointly manage and finance care for kids with complex needs
- Connect with families and stakeholders through ongoing planning.

Children's Administration and Juvenile Rehabilitation Administration supporting smooth transitions for offenders coming back to the community •

In the Yakima area, service coordinators from both the Children's Administration and the Juvenile Rehabilitation Administration are working together to help juvenile offenders and their families prior to parole.

Safe Babies, Safe Moms: State-level consortium protects moms and infants •

A consortium of DSHS programs - the Division of Alcohol and Substance Abuse, Children's Administration, Economic Services Administration, Medical Assistance, Research and Data Analysis - work with the state Department of Health and local service agencies to provide services to substance-abusing pregnant and parenting women and children ages birth-to-three.

Washington State's Catalyst for Kids Partnership brings together a broad statewide coalition to strengthen the child welfare system • This next evolution of the *Families for Kids Partnership* retains an emphasis on permanence for children in the foster care system and broadens its focus to include the safety and well-being of children in the system. Participants include a broad range of stakeholders, including judges, legislators, Tribal representatives and advocates.

Fatherhood Project and Kinship Care Initiatives engaging fathers and extended family members • Regions tailor approaches for engaging fathers to their local communities and have formed a variety of alliances and collaborations.

Current Committees

- Children, Youth, and Family Services Advisory Committee
- Six Regional Advisory Committees
- Indian Policy Advisory Committee
- Governor's Office on Indian Affairs

- Foster Care Advisory Committee
- Foster Care Citizen Review Board Advisory Committee
- Statewide Child Fatality Committee
- Family Policy Council Interagency Coordinating Committee
- Children's Justice Advisory Board
- Governor's Juvenile Justice Advisory Committee
- Birth to Six Interagency Coordinating Council

Interagency Relationships

- Eastern Washington University
- Federal Department of Health and Human Services (includes Social Security Administration)
- Office of the Administrator for Courts
- Office of the Attorney General of Washington
- Office of the State Superintendent of Public Instruction
- Small Tribes of Western Washington
- University of Washington
- Washington Council for the Prevention of Child Abuse and Neglect
- Washington State Department of Community, Trade, and Economic Development
- Washington State Employment Security Department
- Washington State Department of Health
- Washington State Department of Information Services
- Washington State Patrol
- Washington State Tribes and Tribal Organization Local Agreements – Child Welfare Services

Constituencies

- All Washington State Tribes and recognized Indian organizations
- All contractors and agencies providing services to Children's Administration clients
- All licensed foster parents and out-of-home care providers
- American Indian Center, Spokane, WA
- Catalyst for Kids
- Children's Alliance
- Early Childhood Development Association of Washington
- Families for Kids
- Fetal Alcohol Syndrome Information Service (FASIS)
- First Steps Community Coordinating Councils
- Foster Parents Association of Washington State (FPAWS)
- Juvenile Court Administrators Association
- Major Medical Centers
- Parent Trust for Washington Children
- Private Agency Adoption Coalition
- Puget Sound Coalition of Residential Care Providers
- Seattle Indian Health Board
- Small Tribes of Western Washington (STOWW)
- South Puget Intertribal Planning Agency (SPIPA)
- Washington Council for Prevention of Child Abuse and Neglect
- Washington State Coalition Against Domestic Violence
- Washington Coalition of Sexual Assault Programs
- Washington Council on Crime and Delinquency
- Washington Federation of Group Care Providers

STAKEHOLDER, TRIBAL, PUBLIC, CUSTOMER AND EMPLOYEE INPUT

This planning process coincided with the development of the Program Improvement Plan (PIP) to find solutions to the areas of concern identified in the federal Child and Family Services Review (See Chapter 5 PERFORMANCE ASSESSMENT). The following chart demonstrates how the PIP and the strategic planning processes are integrated.



Program Improvement Plan (PIP) Workgroups

These workgroups met in March 2004 and were co-chaired by agency staff and stakeholders. They included about 250 staff, stakeholders and foster parents and were focused on identified areas in the federal review where improvement was needed and where CA wanted their ideas. The groups were asked to make recommendations that were specific and measurable in the following areas:

- Case Review
- Staff and Provider Training
- Service Array and Development
- Foster and Adoptive Home Licensing, Recruitment, Retention
- Child Safety
- Permanency
- Well-being 1: Caseworker Contact, Assessment of Needs, Family Engagement
- Well-being 2: Education
- Well-being 3: Physical Health
- Well-being 4: Mental Health.

Tribal Meetings

In partnership with the National Indian Child Welfare Association (NICWA) and the Child Welfare League of America (CWLA), Tribal meetings were held in March 2004 on the East and West sides of the state with interested Tribal members to receive

their specific input (see APPENDIX 1). Information was shared in writing with all Tribes, recognized Indian Organizations and Indian Policy and Support Services.

Youth Strategic Planning Focus Groups

Four youth focus groups were held in March and April 2004 in Tacoma, Olympia (plus two youth from Centralia), Spokane and Yakima, with a total of 42 youth ages 14 to 21 years old. They were asked how we can improve the foster care system, support their success in school and prepare them for independence. The youth talked about the importance of being treated like normal kids and that they commonly do not experience that. They expressed feeling that they are over-scrutinized and not listened to. Foster parents can "freak out" and ask kids to move when a normal family cannot, particularly for things that normal kids do, like skipping school or refusing to share a bedroom with a two-year old. Some of the youth talked about the foster care rate structure and how it can reward a child's negative behaviors (one youth suggested rates should be based on the longevity of a child's placement).

Issues Important to Youth in Out-of-Home Care:

- The state needs to respect us.
- Foster parents should spend the foster care money on the foster children (one suggested we require receipts to be sure how the money is spent).
- Sexual offenders should not be mixed into regular foster homes or, if they are, foster parents and the other children should be informed because it affects the entire household. Little children should be taught protection skills.
- School moves cause problems. Social workers should work more with the schools and let teachers know about the children so they are on the same page.
- Improvement is needed in the foster parent screening process, including drug tests. It should be hard to become a foster parent.
- Foster parents need more training, especially about how to handle things like eating disorders and self-mutilation (cutting).
- More information should be available to children in care about their case plans, resources, and what they can and cannot do.
- Expand Independent Living Services to prepare youth sooner (age 14 or 15).
- Give children in care more help with getting driver's licenses, tutoring, jobs and apartments before they turn 18 years old. Allow them to stay in care longer.
- Make it a priority that social workers return phone calls and visit more often, if the child wants that.

Employee Strategic Planning Survey

A total of 71 employees took part in an online strategic planning survey in March 2004. Respondents were asked to identify critical issues and strategies related to seven priority areas. Issues identified as either most or second most critical are:

Priority: Safety Assessments

Critical Issue: Too many assessments; not enough integration

Second Critical Issue: Workload/Caseload

Priority: Timely Investigations

Critical Issue: Workload/Caseload

Second Critical Issue: Budget Limitations

Priority: Re-entry into Out-of-Home Care

Critical Issue: Budget Limitations

Second Critical Issue: Community or Other System Capacity

Priority: Stability for Foster Children

Critical Issue: Budget Limitations

Second Critical Issue: Foster Parenting

Priority: Timeliness to Permanency

Critical Issue: Budget Limitations

Second Critical Issue: Workload/Caseload

Priority: Continuity of Family Connections (Child and Family Well-Being)

Critical Issue: Budget Limitations

Second Critical Issue: Workload/Caseload

Priority: Contact between Social Workers and Families

Critical Issue: Workload/Caseload

Second Critical Issue: Social Worker Safety

Licensed Resources CPS Investigation "How are We Doing" Survey

Approximately 1300 surveys were sent out to out-of-home care and child care providers following LR/CPS investigations in 2003. Seventy seven providers returned the surveys to headquarters.

- 79 percent indicated that they were given the opportunity to tell their view of what occurred
- 76 percent reported that they were treated with respect during the investigation
- 76 percent said that the allegations were explained to them during the investigation.

Of the providers who responded to the question asking if they were informed of the FIRST program, only 64 percent indicated that they received the information. This program is for foster parents only to provide support during the investigation process. Although it is possible that non-foster parents answered this question, the question had the highest number of non-respondents (42 percent). LR/CPS will continue to place emphasis on providing this information to foster parents.

Licensed Resources Foster Care Licensing "How are We Doing" Survey

Approximately 1000 surveys were sent to providers following the issuance of foster home licenses in 2003. Nineteen providers returned the survey cards (an approximately 2 percent response rate).

- 95 percent believe their licensor emphasizes health, safety and skilled care for children
- 95 percent reported the licensor helps them feel part of the foster care team
- 90 percent said that the licensor applies licensing rules fairly and uniformly
- 90 percent reported the licensor provides helpful, clear information and support
- 90 percent said the licensor treated them with respect and values their opinion
- 84 percent believe that pre-service and other department trainings are helpful
- 84 percent said their licensor is available and returns calls in a timely manner.

Due to the low response rate, these numbers may not be representative of the foster parent population. If they are, the two issues needing improvement are returning telephone calls in a timely manner and making foster parent training more helpful to foster parents. At this time, the department is moving to move foster training to the larger resource training unit. The foster parent training unit has recently been able to expand its staff as well as its duties. They now will be providing all pre-service as well as in-service training for resource families.

DSHS CA Employee Satisfaction Survey

DSHS Research and Data Analysis (RDA) completed an online CA employee satisfaction survey in March 2004, with nearly 37 percent of employees participating. Highlights from the survey:

TOP STRENGTHS:

Skills and Training	(Always or Usually)
My skills and training enable me to do my job well.	92 percent
Work Environment	
My supervisor/manager treats people with dignity and respect.	87 percent
Direction	
My workgroup goals and direction are consistent with CA's goals and vision.	79 percent

BOTTOM AREAS FOR IMPROVEMENT:

Information	(Always or Usually)
Communication process in DSHS/CA is effective.	23 and 26 percent
Customer Focus	
In my workgroup, we actively seek out customer feedback.	31 percent
Senior Management	
Senior managers care about the people in CA.	40 percent

Local Quality Improvement Teams

These teams lead and implement quality improvement activities in local offices. Teams are a cross-section of staff from all program areas and units and include customers, stakeholders, staff and managers in the ownership of improving the quality of local programs and services. Improvement areas identified by the local CQI standing team are incorporated into an *Annual Quality Improvement Plan*.

The most commonly identified improvement areas are:

- Meeting 10-day face-to-face and 90-day health and safety visits.
- Improving case record documentation.
- Increasing identification of children's Native American ancestry.
- Improving foster parent and community relationships.

DSHS Public Forum

In July and August 2003, DSHS Secretary Dennis Braddock held four public meetings to listen to community partners' input regarding DSHS' priorities and future challenges.

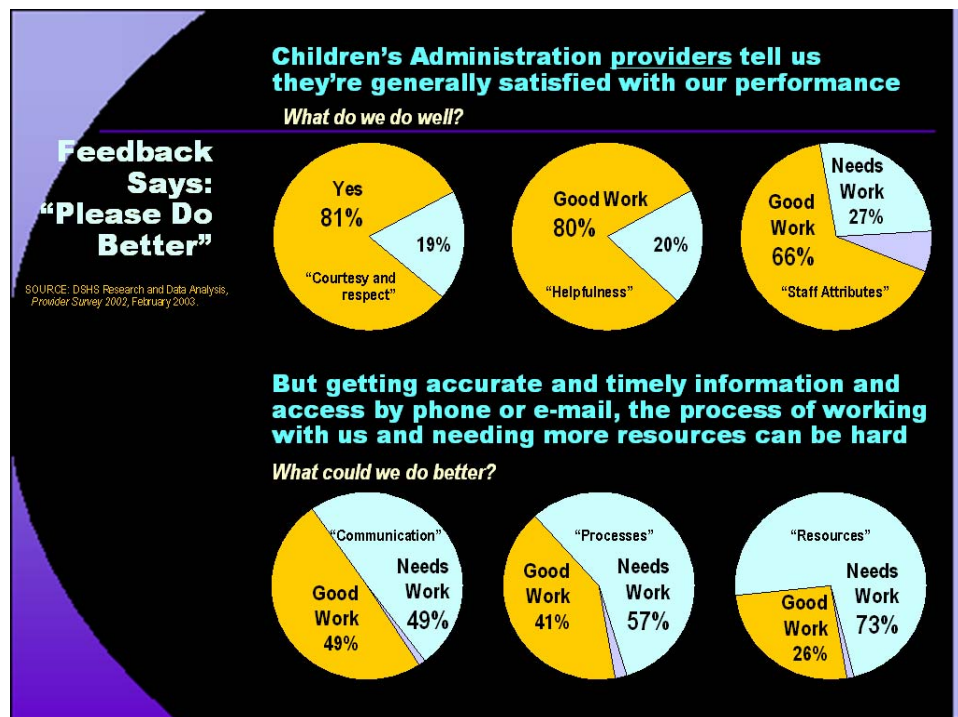
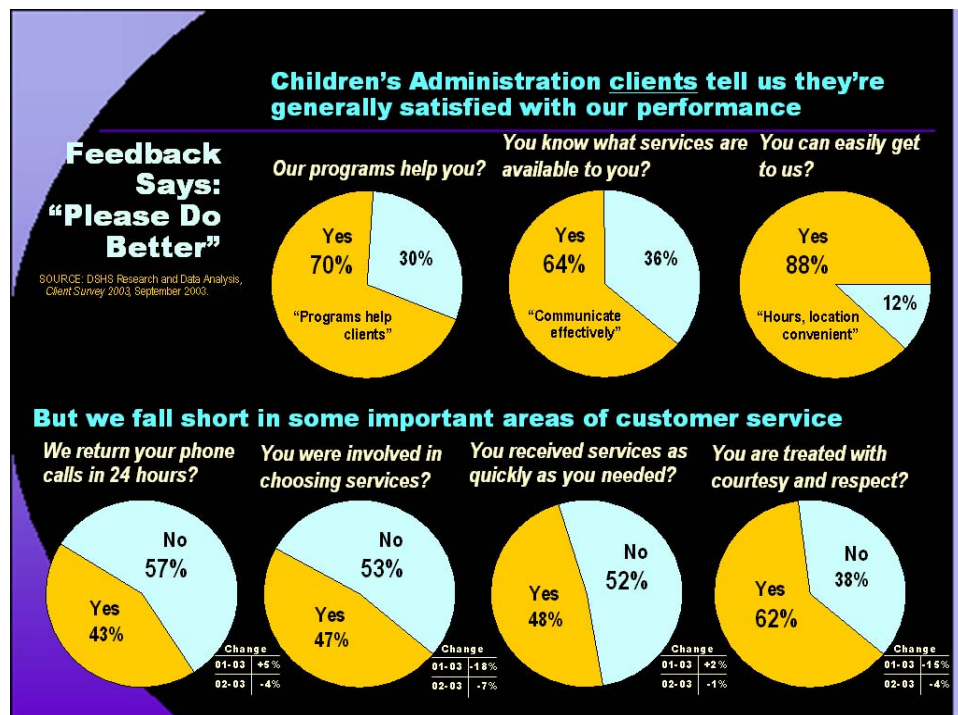
The most frequently mentioned priorities are:

- Services for children (27 responses)
- Health care and dental services (21 responses)
- Services for persons with disabilities including developmental disabilities (16 responses)

For more information, please see the DSHS website at:
<http://www1.dshs.wa.gov/strategic/feedback.htm>.

DSHS CA Client and Provider Satisfaction Surveys

DSHS Research and Data Analysis (RDA) conducted satisfaction surveys of CA clients and providers in September 2003 and February 2003, respectively.



For more information, please see the RDA website at <http://www1.dshs.wa.gov/rda/default.shtm>.

FUTURE CHALLENGES AND OPPORTUNITIES

The federal Child and Family Services Review (CFSR) gave us an important opportunity to evaluate child welfare practice and outcomes (see Chapter 5, Organizational Assessment Summary, PERFORMANCE ASSESSMENT, for the results of the review). The review focuses efforts on the areas most important to achieving better outcomes for children and families.

The strengths of Washington's child welfare system, which were identified in the review, provide the foundation upon which CA is developing an improved system to serve children and families. Many of the areas identified for improvement can be addressed through reprioritizing existing resources. Some new resources will be required to solve larger issues, such as the accessibility and availability of mental health services and increasing court capacity and representation to help achieve more timely permanence for children. Additional resources also will be required to increase visitation between parents and children and to increase the face-to-face time between social workers and children and families. CA will have federal oversight and monitoring, along with technical assistance from the Annie E. Casey Foundation and Casey Family Programs, while implementing a comprehensive agenda that will improve performance over the next two to seven years.

There is a lack of sufficient placement resources and uncertainty in the provider community regarding integration, the economy and resources.

Child Welfare is by nature a high-risk business. Tort liability continues to impact fiscal resources, as well as how we operate as a child welfare system. Washington is one of only six states in the country with no immunity for public agencies in the conduct of their duties. This exposes the state and its taxpayers to potentially large financial damages for the wrongful acts of third parties.

Washington State has a strong systemic value that recognizes the importance of improving outcomes for children and families and there is system-wide support for change.

Chapter 4 • Goals, Objectives, Strategies and Performance Measures



The primary goals of the Children's Administration focus on the themes of child safety, permanency, and child and family well-being for the children and families we serve. A fourth goal focuses on the systemic factors that are necessary in a high-performing organization with the capacity to support excellent outcomes for children and families.

On the following pages, the objectives, outcomes, and broad strategies of the Children's Administration are laid out in support of our four major goals of:

- ♦ ***Child Safety***: Children will be safe from abuse and neglect.
- ♦ ***Child & Family Well-Being***: Help families and communities improve the well-being of children in their own homes and in out-of-home care.
- ♦ ***Permanency***: Provide stable, nurturing, and permanent placements as quickly as possible for children who are placed into out-of-home care.
- ♦ ***Supporting Client Outcomes***: Continuously improve the organization's capacity to achieve excellent outcomes for children and families.

Although our goals and objectives remain clear, recent changes in budget administration require us to reassess our strategies to make sure we are expending resources to have the greatest impact on reaching them. Reviewing and refining strategies is an ongoing process.

NOTE: The federal objectives, data indicators and case review measures are underlined.

CHILD SAFETY

Goal: Children will be safe from abuse and neglect.

Outcome S-1: Children are, first and foremost, protected from abuse and neglect.

Objectives:

- A. Reduce chronic maltreatment
- B. Reduce recurrence of maltreatment
- C. Increase safety for children placed in out-of-home care
- D. Initiate timely investigations of reports of child maltreatment

Strategies:

- ♦ Restructure the Child Protective Services model to provide clear role definitions and focus on quality investigations, safety and risk assessments
- ♦ Implement training to support the model (including advanced investigation and assessment training for CPS workers)
- ♦ Reduce response time for face-to-face visits with children at high risk of abuse or neglect on emergent referrals to within 24 hours of receiving a referral (*Began implementation April 20, 2005*)
- ♦ Reduce response time for face-to-face visits with children at lower risk of abuse and neglect on non-emergent referrals to within 72 hours of receiving a referral (*Began implementation August 1, 2005*)
- ♦ Increase percentage of health and safety visits with children in care
- ♦ Improve accuracy and consistency for findings of child abuse and neglect
- ♦ Develop and implement policy for expunging records related to findings, consistent with statute
- ♦ Improve response to adolescents at risk (screening and assessment tools)
- ♦ Develop and implement a practice model for chronic child neglect
- ♦ Establish child development specialist positions to assess and consult on the impact of neglect and how to effectively intervene
- ♦ In collaboration with AAG and law enforcement, develop a protocol to support coordinated investigations of serious physical abuse cases
- ♦ Increase awareness and improve response to domestic violence

(Activities: Child Protective Services; Family Reconciliation Services; Division of Licensed Resources; Alternate Response System; Family Foster Home Care; Family Support Services; Other Foster Care; Public Health Nurses; Victim Assistance)

Measures:

- ♦ Proportion of families chronically referred to CPS
- ♦ Percent of CAN victims who had another founded referral within 6 months (Federal data)
- ♦ Percent of children in licensed care who were abused or neglected by a foster parent or facility staff (Federal data)
- ♦ Percent of emergent child abuse and neglect referrals where child is seen within required timeframe

Outcome S-2: Children are safely maintained in their homes whenever possible and appropriate.

Objectives:

- A. Protect children and prevent removal whenever possible
- B. Improve safety when returning children to their homes (risk of harm to child)

Strategies:

- ♦ Implement new Child Welfare Services in-home services model
- ♦ Review and revise *Kids Come First* policy framework and tools
- ♦ Improve percentage of safety plans and risk assessments completed within required timeframes
- ♦ Improve the quality of safety assessments and safety plans
- ♦ Implement *Family Team Decision Meetings* within 72 hours of placement, at reunification, during placement moves and for disruption prevention
- ♦ Develop and implement a six month aftercare support plan for children exiting care
- ♦ Strengthen and improve Child Protective Teams (CPTs)
- ♦ Implement state and regional interagency domestic violence protocol and improve awareness and response to domestic violence
- ♦ Collaborate with contracted community partners to maximize service alignment with new CPS/CWS model to protect children and prevent removal

(Activities: Child Protective Services; Child Welfare Services; Family Reconciliation Services; Behavioral Rehabilitative Services; Division of Licensed Resources; Family Foster Home Care; Family Support Services; Other Foster Care; Public Health Nurses; Victim Assistance)

Measures:

- ♦ Services provided to families to protect children in home and prevent removal (Case Review)
- ♦ Percent of children who are placed due to abuse or neglect and must be placed again
- ♦ Current risk of harm to child (Case Review)
- ♦ Percent of children who have a reunification assessment and plan before return to parent (future)
- ♦ Percent of safety plans completed (future)

This goal contributes to the following *DSHS Goal*:

GOAL A. IMPROVE HEALTH AND SAFETY OF COMMUNITY AND CLIENTS

This goal contributes to the following *Priorities of Government* results:

Improve the security of Washington's vulnerable children and adults

This goal contributes to the following Balanced Scorecard perspectives:

☒Public Value ☒Customer Perspective ☐Financial Perspective ☐Internal Process ☐Learning & Growth

CHILD AND FAMILY WELL-BEING

Goal: Help families and communities improve the well-being of children in their own homes and in out-of-home care.

Outcome WB-1: Families have enhanced capacity to provide for their children's needs.

Objectives:

- A. Increase worker visits with child
- B. Increase worker visits with parent(s)
- C. Involve family, child, and foster family in case planning
- D. Respond to needs of child, parents, and foster parents

Strategies:

- ♦ Implement new Child Welfare Services model (in-home and out-of-home cases)
- ♦ Increase contact between social workers and children on in-home cases to at least once every 30 days
- ♦ Review and revise contracts/licenses with Child Placing Agencies to support 30 day visits
- ♦ Develop Parent Aide program to provide parent-child interaction training, to increase the level of parent, child and sibling visitations and to facilitate access to services
- ♦ Review and revise policy requiring workers to visit children in their placement within the first week of placement
- ♦ Implement training to support policy changes for visitations (staff and foster parents)
- ♦ Develop and implement a strengths-based comprehensive family assessment tool
- ♦ Collaborate with Tribes to develop and implement policy requiring notice to the Tribes within one working day of identification of a child's Tribal and/or Band affiliation for children in out-of-home care
- ♦ Review and revise policy and procedures regarding the development of case service plans and the involvement of parents, children and Tribes, including guidelines for engaging fathers
- ♦ Implement training for staff, foster parents, community partners and contracted providers on engaging families, relatives and fathers
- ♦ Train foster parents to mentor birth parents to improve parents' capacity to care for their children
- ♦ Increase use of shared planning staffings to identify needs of families and connect them to services and resources
- ♦ Implement statewide after hours foster parent support crisis line
- ♦ Develop policy for Licensed Resources quarterly contact with foster parents
- ♦ Implement annual assessments and developmental plans for foster parents
- ♦ Review current models of family team meetings (*Family Group Conference, Family Team Meetings and Family Team Decision Meetings*) and implement protocols for at which stage in a case they are most appropriately used

(Activities: Child Protective Services; Child Welfare Services; Division of Licensed Resources; Family Foster Home Care; Family Reconciliation Services; Family Support Services; Medicaid Treatment Child Care; Other Foster Care; Public Health Nurses)

Measures:

- ◆ Percent of children in CFS placement who are visited by their social worker in the caregiver's home according to policy
- ◆ Percent of children in CFS placement who are visited by their social worker in any location
- ◆ Percent of parents visited by their social worker
- ◆ Percent of children in care with a current comprehensive plan of care (ISSP)
- ◆ Case Review

Outcome WB-2: Children receive appropriate services to meet their educational (and developmental) needs.

Objectives:

- A. Children in placement are supported in age-appropriate educational and developmental programs
- B. Minimize school moves for children in foster care

Strategies:

- ◆ Increase knowledge of educational resources and clarity of roles for youth, parents, relative caregivers, foster parents, school staff, social workers and courts
- ◆ Develop a plan to change discharge from care to one in which youth can stay in care and receive services until they are 21 years old to pursue education/vocational programs, unless they opt out earlier
- ◆ Revise Family Reconciliation Services program to address issue of educational advocacy for children receiving services in their own homes
- ◆ Establish education coordinators in each region to offer educational advocacy and access to mentoring and tutoring programs for youth in out-of-home care
- ◆ Collaborate with Washington Education Foundation to obtain funding and implement the Foster Care to College Partnership Plan
- ◆ Collaborate with partners to improve educational outcomes for children receiving services from CA
- ◆ Review in-home services contracts (*Family Reconciliation Services, Family Preservation Services, Intensive Family Preservation Services*) and include educational advocacy
- ◆ Increase referrals to preschool education and developmental programs

(Activities: Child Welfare Services; Family Foster Home Care; Medicaid Treatment Child Care; Other Foster Care; Public Health Nurses; Responsible Living Skills Program)

Measures:

- ◆ Percent of children who leave out of home placement on or after their 18th birthday either holding a high school diploma, GED, or are enrolled in an educational or vocational program
- ◆ Number of school moves (future)

Outcome WB-3: Children receive adequate services to meet their physical and mental health needs.

Objectives:

- A. Physical health needs are met
- B. Mental health needs are met
- C. Social and emotional needs are met

Strategies:

- ♦ Implement an integrated tiered system for evaluation of the health, developmental and educational needs of children in out-of-home care
- ♦ Improve availability and use of regional medical consultants
- ♦ Implement a system to consolidate health records for children in care
- ♦ Improve the physical and mental health information provided to foster parents about children in their care
- ♦ Increase the placement options available to meet the needs of children in out-of-home care
- ♦ Implement interagency domestic violence protocols
- ♦ Improve system of delivering mental health services to children and their families (Children's Mental Health Initiative collaboration between CA, HRSA/Mental Health Division and Juvenile Rehabilitation Administration)
- ♦ Implement Regional Services Network (RSN) working agreements
- ♦ Implement Functional Family Therapy in the Family Reconciliation Services program

(Activities: Child Welfare Services; Family Foster Home Care; Medicaid Treatment Child Care; Other Foster Care; Public Health Nurses; Street Youth Services; Victims Assistance)

Measures:

- ♦ Percent of children with *Child Health & Education Tracking* completed
- ♦ Satisfaction of youth in foster care
- ♦ Number of children in care 30 days or longer receiving annual EPSDT exam (future)
- ♦ Passports in place for all children in care over 90 days (future)
- ♦ Percentage of youth who avoid involvement with high risk behavior (future)

This goal contributes to the following *DSHS Goal*:

GOAL A. IMPROVE HEALTH AND SAFETY OF COMMUNITY AND CLIENTS

This goal contributes to the following *Priorities of Government* results:

Improve the security of Washington's vulnerable children and adults

This goal contributes to the following Balanced Scorecard perspectives:

☒Public Value ☒Customer Perspective ☐Financial Perspective ☐Internal Process ☐Learning & Growth

PERMANENCY

Goal: Provide stable, nurturing, and permanent placements as quickly as possible for children who are placed into out-of-home care.

Outcome P-1: Children have permanency and stability in their living situations.

Objectives:

- A. Increase timely permanent placements for children in out-of-home care
- B. Increase stability of children in out-of-home care
- C. Decrease foster care re-entries
- D. Decrease over-representation of minority children in care

Strategies:

- ♦ Implement new Child Welfare Services out-of-home services model to provide clear role definitions and focus on permanency planning and reasonable efforts
- ♦ Implement *Family Team Decision Meetings* within 72 hours of placement, at reunification, during placement moves and for disruption prevention
- ♦ Implement the unified home study for foster and adoptive parents
- ♦ Implement guardianship legislation changing current statute of dependency guardianships
- ♦ Increase child specific adoption recruitment for older children, sibling groups and children with special needs
- ♦ Provide effective services to permanent kinship and post-adoptive families to prevent return to care
- ♦ Collaborate with the Court Improvement Plan Grant Steering Committee to implement recommendations from the Dependency and Termination Equal Justice Committee
- ♦ Collaborate with the Administrative Office of the Courts, Assistant Attorney General and Office of Public Defense to update model court order
- ♦ Further develop concurrent planning statewide
- ♦ Develop policy to require Local Indian Child Welfare Act Committee (LICWAC) staffing or permanency and/or prognostic staffings to be held within 45-90 days of placement
- ♦ Conduct staffing for children who are in out-of-home care for two years and are not in their permanent placement
- ♦ Collaborate within DSHS and with community partners to develop an integrated redesigned service model for adolescents
- ♦ Increase the percentage of eligible youth receiving Independent Living Services (ILS)
- ♦ Review and revise ILS program to add a focus on reconciliation issues that exist with birth families and on transition to adulthood
- ♦ Establish annual summit for youth and service providers to improve services to at-risk youth

- ♦ Develop policy requiring a family meeting, including Tribes, be convened for adolescents entering and exiting Behavioral Rehabilitation Services (BRS) placements
- ♦ Implement multi-disciplinary staffings for youth six months in advance of exiting care
- ♦ Develop and implement screening and assessment tools that meet the needs of adolescents being served by FRS, CWS and CPS
- ♦ Contract for chemical dependency professionals to be on-site in local offices to improve identification and assessment of chemical dependency problems
- ♦ Implement caregiver initial assessment policy for emergency placements
- ♦ Implement foster parent support plan and placement agreements
- ♦ Review and revise *Kids Come First* policy framework and tools (transition and safety plan to incorporate six months after care support)
- ♦ Increase use of *Family Preservation Services* for children who return home
- ♦ Conduct priority staffings for children who are African American, Native American and others disproportionately represented in out-of-home care

(Activities: Child Welfare Services; Division of Licensed Resources; Adoption Medical; Adoption Services and Support; Behavioral Rehabilitative Services; Crisis Residential Center; Family Foster Home Care; Family Support Services; Hope Center; Other Foster Care; Responsible Living Skills Program; Secure Crisis Residential Center; Street Youth Services)

Measures:

- ♦ Number of children whose permanent plans are accomplished for adoption, reunification, guardianship, and other
- ♦ Percent of children during first 12 months in care with no more than two placements (Federal data)
- ♦ Number of children in care longer than 2 years who do not have a completed permanent plan
- ♦ Length of time to achieve permanency goal of reunification (Federal data)
- ♦ Length of time to achieve permanency goal of adoption (Federal data)
- ♦ Percent re-entered care after reunification within 12 months of prior episode (Federal data)
- ♦ Number of African American children in care longer than 2 years who are not in their permanent home
- ♦ Percent of eligible youth age 16 and over in out-of-home placement receiving Independent Living Services

Outcome P-2: The continuity of family relationships and connections is preserved for children.

Objectives:

- A. Increase relative placements
- B. Preserve connections with parents, siblings, and other significant people

Strategies:

- ♦ Implement *Family Team Decision Meetings*, including Tribes, to increase relative placements and community connections
- ♦ Increase access to support services for unlicensed relative caregivers
- ♦ Implement training allowance for kinship care providers

- ♦ Establish relative search positions to support finding potential relative resources
- ♦ Develop and implement revised policy framework for kinship care
- ♦ Expand support services for post-adoption families and permanent kinship families
- ♦ Collaborate with Economic Services and Aging and Disability Services Administrations to improve support for caregivers
- ♦ Implement placement agreements with resource families that defines expectations around resource family and birth family relationship-building
- ♦ Expand PRIDE foster parent training curriculum to include module on caregiver involvement and working with families
- ♦ Strengthen the service plan (ISSP) to include provisions for early identification of cultural heritage and maintaining cultural connections
- ♦ Consult with community, Tribes, and service providers to establish a uniform accepted definition of culturally responsive services
- ♦ Collaborate with contracted service providers to implement a self-assessment process to determine their level of cultural responsiveness
- ♦ Collaborate with contracted service providers and Tribal/recognized Indian organizations partners to revise contracts to better support the Indian Child Welfare Act (ICWA)
- ♦ Implement training to support policy changes for maintaining child's cultural connections (staff and foster parents)
- ♦ Develop Parent Aide program to provide parent-child interaction training, to increase the level of parent, child and sibling visitations and to facilitate access to services
- ♦ Collaborate with researchers and stakeholders to develop policies and protocols regarding visitations for children in foster care (SB 6643)

(Activities: Child Welfare Services; Division of Licensed Resources; Family Foster Home Care; Other Foster Care; Family Support Services)

Measures:

- ♦ Percent of children in foster care placed with extended family members (Case Review)
- ♦ Percent of children visiting with parents (Case Review)
- ♦ Current relationship of child in care with parents (Case Review)
- ♦ Place children in proximity to parents (Case Review)
- ♦ Visits with siblings (Case Review)
- ♦ Placement with siblings (Case Review)

This goal contributes to the following *DSHS Goal*:
GOAL B. IMPROVE CLIENT SELF-SUFFICIENCY

This goal contributes to the following *Priorities of Government* results:
Improve the security of Washington's vulnerable children and adults

This goal contributes to the following Balanced Scorecard perspectives:
☒Public Value ☒Customer Perspective ☐Financial Perspective ☐Internal Process ☐Learning & Growth

SUPPORTING CLIENT OUTCOMES

Goal: Continuously improve the organization's capacity to achieve excellent outcomes for children and families.

SCO-1: AGENCY RESPONSIVENESS TO THE COMMUNITY

Outcome SCO-1: Children's Administration partners with and is responsive to Tribes, consumers, communities, courts and public and private agencies to serve children and families.

Objectives:

- A. On-going partnership, communication and consultation with Tribes, recognized Indian organizations, consumers, service providers, out-of-home care providers, juvenile court, other public and private agencies, including their concerns
- B. Annual progress reports
- C. Coordinate service provision with other federal or federally-assisted programs

Strategies:

- ♦ Review and follow existing consultation processes occurring between the Tribes and the state and establish mechanisms to implement the Centennial Accord, the Tribal-State ICW Agreement of 1987 and the DSHS 7.01 Policy
- ♦ Develop and implement a process for consultation to improve collaborative government to government relationships and result in an integrated partnership approach to solutions
- ♦ Increase compliance with the Indian Child Welfare Act (ICWA) and the Tribal-State ICW Agreement of 1987
- ♦ Conduct annual Indian Child Welfare summits
- ♦ Notify Tribes, coalitions of Tribes and recognized Indian organizations and the Indian Policy Advisory Committee (IPAC) that they have the right to consult and negotiate directly with Regional Administrators and CA headquarters when issues cannot be resolved at the local level
- ♦ Consult with Tribes, recognized Indian organizations, and LICWACs at each programmatic stage in the course of the development of the Child and Family Services Plan (CFSP)
- ♦ Develop communication protocol with Tribes, Indian Organizations, and LICWACs
- ♦ Provide open and frequent communication with the public, service providers, community partners, out-of-home care providers and the media
- ♦ Collaborate with community and government partners to improve quality and accessibility of mental health services to children receiving services from CA
- ♦ Collaborate with DSHS Administrations and community partners to develop an integrated re-designed service model for adolescents
- ♦ Improve collaboration with community partners and HRSA/Division of Alcohol and Substance Abuse to improve access to chemical dependency services
- ♦ Improve collaboration with community partners and the Economic Services and Aging and Disability Services Administrations to increase access to services for children and families

- ♦ Collaborate with partners to improve educational outcomes for children receiving services from CA
- ♦ Collaborate with public and private partners to increase awareness of child abuse and neglect
- ♦ Collaborate with partners to increase awareness and improve response to domestic violence
- ♦ Assess and evaluate results of *Families and Communities Together* pilot projects in Spokane and Bellingham
- ♦ Implement collaboration protocols with contracted community partners focusing on planning, decision-making and communications
- ♦ Increase collaboration with courts and other partners to improve timeliness to permanency for children
- ♦ Pilot social workers stationed at court to facilitate establishing dependencies and reduce continuances and family drug court barriers
- ♦ Collaborate with public and private child welfare providers to develop and implement contracted services models based on research
- ♦ Support partnership with *Catalyst for Kids* (formerly *Families for Kids Partnership*) to advance permanency priorities
- ♦ Implement CA client satisfaction surveys

(Activities: Child Protective Service; Child Welfare Services; Family Reconciliation Services; Division of Licensed Resources; Adoption Services and Support; Behavioral Rehabilitation Services; Family Foster Home Care; Responsible Living Skills Program; Street Youth Services; Victim Assistance)

Measures:

- ♦ Number of Tribes, Indian Organizations, and LICWACs supported by Children's Administration (future)
- ♦ Number of collaboration projects in which CA participates
- ♦ Number of good news stories and weekly report items submitted
- ♦ Number of customer, stakeholder, foster parent satisfaction surveys returned (future)

This goal contributes to the following *DSHS Goals*:

GOAL D. IMPROVE CUSTOMER SERVICE

GOAL E. IMPROVE PREVENTION AND CARE

This goal contributes to the following *Priorities of Government* results:

Improve the security of Washington's vulnerable children and adults

This goal contributes to the following Balanced Scorecard perspectives:

☐Public Value ☒Customer Perspective ☒Financial Perspective ☒Internal Process ☐Learning & Growth

SCO-2: FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT, RETENTION

Outcome SCO-2: Adequate quality resources are available for foster care, behavior rehabilitation services and adoption.

Objectives:

- A. Standards for foster homes and residential facilities are reasonably in accord with recommended national standards
- B. Standards are applied to all licensed foster family homes or residential facilities receiving Title IV-E or IV-B funds
- C. Criminal background clearances requirements are met as related to licensing or approving foster care, relative care and adoptive placements, and case planning process addresses safety
- D. Recruitment and retention efforts result in adequate numbers, locations, capacity, and ethnic and racial diversity of placement resources
- E. Cross-jurisdictional resources are used to facilitate timely adoptive or permanent placements for waiting children

Strategies:

- ♦ Develop policy requiring Licensed Resources to contact foster parents quarterly
- ♦ Develop and implement annual assessments and developmental plans for foster parents
- ♦ Develop protocols to support Tribal licensing processes and to recognize Tribal licensing standards
- ♦ Implement Request for Proposal (RFP) for statewide foster parent recruitment
- ♦ Implement state and regional resource management plans, including minority and school-based recruitment
- ♦ Increase foster parent and staff teamwork and communication
- ♦ Increase percentage of foster care licensing renewals
- ♦ Implement Request for Proposal (RFP) for statewide foster parent support
- ♦ Implement statewide after-hours foster parent support crisis line
- ♦ Implement a conflict resolution process with foster parents
- ♦ Implement foster parent satisfaction surveys statewide (licensing completion, in-service and at exit from service)
- ♦ Evaluate use of incentives for foster parents based on the longevity of a child's placement

(Activities: Child Protective Service; Child Welfare Services; Family Reconciliation Services; Division of Licensed Resources; Adoption Services and Support; Behavioral Rehabilitation Services; Family Foster Home Care)

Measures:

- ♦ Number of licensed foster homes
- ♦ Number of minority homes available
- ♦ Percent of licensing applications which are pending more than 90 days
- ♦ Percent of foster homes receiving annual health and safety checks
- ♦ Foster parent satisfaction

This goal contributes to the following *DSHS Goals*:

GOAL G. IMPROVE QUALITY ASSURANCE AND MEASUREMENT

This goal contributes to the following *Priorities of Government* results:

Improve the security of Washington's vulnerable children and adults

This goal contributes to the following Balanced Scorecard perspectives:

☐Public Value ☐Customer Perspective ☐Financial Perspective ☒Internal Process ☐Learning & Growth

SCO-3: SERVICE ARRAY

Goal: Continuously improve the organization's capacity to achieve better outcomes for children and families.

Outcome SCO-3: Service array ensures appropriateness, quality, accessibility and flexibility.

Objectives:

- A. Services are appropriate
- B. Services are accessible statewide
- C. Services can be individualized to meet unique needs

Strategies:

- ♦ Improve development and monitoring of contracts to include outcome-based and culturally appropriate services for children and families (contract reform model)
- ♦ Improve quality and accessibility of mental health services to children receiving services from CA
- ♦ Collaborate with community partners, Regional Support Networks and HRSA/Mental Health Division to improve mental health services
- ♦ Collaborate with Juvenile Rehabilitation Administration, HRSA/Mental Health Division, Children's Alliance, courts and providers to redesign services for adolescents in their homes
- ♦ Collaborate with community partners, courts and HRSA/Division of Alcohol and Substance Abuse (DASA) to improve access to chemical dependency services
- ♦ Contract for chemical dependency professionals to be on-site in local offices to improve identification and assessment of chemical dependency problems
- ♦ Collaborate with the Court Improvement Plan Grant Steering Committee regarding the development of Family Drug Courts
- ♦ Collaborate with community partners to fill service gaps identified through *Child Health & Education Tracking* regional profiles
- ♦ Implement the Casey Family Program Breakthrough Series regarding disproportionality in King County
- ♦ Develop regional databases of accessible Tribal/recognized Indian organizations services
- ♦ Promote the diversity charter and expectation that all staff and contracted providers adhere to the provisions
- ♦ Implement revised diversity training for all staff and providers
- ♦ Implement annual diversity conference for staff and providers
- ♦ Collaborate with public and private partners in education to improve information sharing
- ♦ Contract with university and other research centers to identify evidence-based child welfare practices
- ♦ Increase use of evidence-based practices

(Activities: Child Protective Service; Child Welfare Services; Family Reconciliation Services; Division of Licensed Resources; Adoption Medical; Adoption Services and Support; Alternate Response

System; Behavioral Rehabilitation Services; Crisis Residential Center; Family Foster Home Care; Family Support Services; Hope Center; Medicaid Treatment Child Care; Other Foster Care; Public Health Nurses; Responsible Living Skills; Secure Crisis Residential Center; Street Youth; Victim Assistance)

Measures:

- ◆ Services assess the strengths and needs of children and families (Case Review)
- ◆ Services determine other service needs (Case Review)
- ◆ Services address family and individual needs (Case Review)
- ◆ Services enable children to remain in home when reasonable (Case Review)
- ◆ Services help children in foster and adoptive placements achieve permanency (Case Review)
- ◆ Services are consistently accessible to families and children across the state (Case Review)
- ◆ Services can be individualized to meet cultural, language and service needs of families and children (Case Review)

This goal contributes to the following *DSHS Goals*:

GOAL C. IMPROVE ACCESSIBILITY AND SERVICE INTEGRATION

This goal contributes to the following *Priorities of Government* results:

Improve the security of Washington's vulnerable children and adults

This goal contributes to the following Balanced Scorecard perspectives:

☐Public Value ☐Customer Perspective ☐Financial Perspective ☒Internal Process ☐Learning & Growth

SCO-4: STATEWIDE INFORMATION SYSTEM

Outcome SCO-4: Information Technology has capability to support field and management needs.

Objectives:

- A. Information system capacity to identify status, demographic characteristics, location and goals for children in foster care
- B. Information technology assists workers, supervisors and managers in daily work

Strategies:

- ♦ Implement information system changes to support program improvements
- ♦ Develop a new statewide automated child welfare information system (SACWIS) to improve data integrity and capacity to track cases, with new tools to facilitate efficient case management
- ♦ Complete Data Warehouse and reporting capacity
- ♦ Improve use of the Internet and Intranet to facilitate communication with the public, stakeholders and employees

(Activities: Child Protective Service; Child Welfare Services; Family Reconciliation Services; Division of Licensed Resources; Adoption Services and Support; Behavioral Rehabilitation Services; Family Foster Home Care)

Measures:

- ♦ Data Integrity
- ♦ IT staff to workstation ratio
- ♦ Field and management satisfaction

This goal contributes to the following *DSHS Goals*:

GOAL G. IMPROVE QUALITY ASSURANCE AND MEASUREMENT

This goal contributes to the following *Priorities of Government* results:

Improve the security of Washington's vulnerable children and adults

This goal contributes to the following Balanced Scorecard perspectives:

☐Public Value ☐Customer Perspective ☐Financial Perspective ☒Internal Process ☒Learning & Growth

SCO-5: CASE REVIEW SYSTEM

Outcome SCO-5: Federal requirements for case review system are maintained.

Objectives:

- A. Each child has a written case plan developed jointly with parents
- B. Timely court and administrative review
- C. Termination of parental rights proceedings in accordance with Adoptions and Safe Families Act (ASFA)
- D. Foster and pre-adopt parents and relative caregivers have opportunity to be heard in review or hearing with respect to the child

Strategies:

- ♦ See strategies in WB-1 regarding involving parents and children in the development of case plans
- ♦ Improve use of case conferencing and staffings
- ♦ Implement Family *Team Decision Meetings*
- ♦ Enhance and implement concurrent planning throughout the state
- ♦ Support implementation of recommendations from the Dependency and Termination Equal Justice Commission
- ♦ Collaborate with courts to review and revise policies to increase proper and timely notification of hearings (and the right to be heard) to foster/relative placement caregivers
- ♦ Develop and implement system for notification to caregivers of their right to attend and provide input in review hearings

(Activities: Child Protective Service; Child Welfare Services; Family Reconciliation Services; Division of Licensed Resources; Adoption Services and Support; Behavioral Rehabilitation Services; Family Foster Home Care)

Measures:

- ♦ Administrative review of child's status every 6 months (Case Review)
- ♦ Court hearing every 12 months (Case Review)

This goal contributes to the following *DSHS Goals*:
GOAL E. IMPROVE PREVENTION AND CARE

This goal contributes to the following *Priorities of Government* results:
Improve the security of Washington's vulnerable children and adults

This goal contributes to the following Balanced Scorecard perspectives:
☐Public Value ☐Customer Perspective ☐Financial Perspective ☒Internal Process ☐Learning & Growth

SCO-6: QUALITY ASSURANCE SYSTEM

Outcome SCO-6: Quality assurance system promotes satisfactory outcomes for children and families.

Objectives:

- A. Families and children in care receive quality services that protect safety and health
- B. Quality Assurance system is comprehensive and consistent

Strategies:

- ♦ Implement revised case review model to meet accreditation, federal and CA requirements
- ♦ Provide program and policy support that increases accountability and improves performance
- ♦ Complete accreditation of local offices and headquarters
- ♦ Establish and support local office quality improvement standing teams in all offices
- ♦ Improve statewide consistency of child welfare practice
- ♦ Improve data integrity
- ♦ Implement evidence-based research to improve policy and practice
- ♦ Implement quality assurance Intake model
- ♦ Develop a statewide case review quality assurance model to monitor and improve compliance with the Indian Child Welfare Act (ICWA)
- ♦ Improve practice through self-assessment and data monitoring

(Activities: Child Protective Service; Child Welfare Services; Family Reconciliation Services; Division of Licensed Resources; Adoption Services and Support; Behavioral Rehabilitation Services; Family Foster Home Care)

Measures:

- ♦ Number of case records reviewed
- ♦ Evaluates quality of services (Case Review)
- ♦ Identifies strengths and needs of service delivery (Case Review)
- ♦ Provides relevant reports (Case Review)
- ♦ Evaluates improvement (Case Review)
- ♦ Number of offices accredited
- ♦ Number of quality improvement teams

This goal contributes to the following *DSHS Goals*:
GOAL G. IMPROVE QUALITY ASSURANCE AND MEASUREMENT

This goal contributes to the following *Priorities of Government* results:
Improve the security of Washington's vulnerable children and adults

This goal contributes to the following Balanced Scorecard perspectives:
☐Public Value ☐Customer Perspective ☐Financial Perspective ☒Internal Process ☒Learning & Growth

SCO-7: STRUCTURE, STAFFING AND FISCAL RESOURCES

Outcome SCO-7: Agency has adequate and efficient structure, staffing and fiscal resources.

Objectives:

- A. Structure, staffing levels and resources support quality service delivery
- B. Agency provides adequate support for a quality working environment

Strategies:

- ♦ Evaluate need for additional staff resources and request funding when appropriate
- ♦ Maximize federal funding
- ♦ Implement budget accountability plan, including financial management, contracting, financial analysis and reporting tools, accounting processes and payment processing
- ♦ Implement recommendations from the payment improvement project team
- ♦ Improve employee recruitment, particularly among minority populations
- ♦ Review for implementation recommendations from the staff retention (Pride and Passion) team
- ♦ Establish a workgroup to develop policies and protocols to address the safety of child protective services and child welfare services staff (HB2189)
- ♦ Improve data collection for incidents, accidents and grievances
- ♦ Implement recommendations from the JLARC audit of Child and Family Services caseload and staffing issues regarding moving to a workload (versus caseload) staffing model

(Activities: Child Protective Service; Child Welfare Services; Family Reconciliation Services; Division of Licensed Resources; Adoption Services and Support; Behavioral Rehabilitation Services; Family Foster Home Care)

Measures:

- ♦ Average number of open cases carried per social worker at fiscal year end
- ♦ Number of CPS, CWS, FRS referrals received
- ♦ Number of CA/N referrals accepted for investigation
- ♦ Number of LR cases per worker
- ♦ Number of SSI/SSA applications filed
- ♦ Amount of federal dollars earned (IV-E penetration rate)
- ♦ Percent of employees with current performance evaluations
- ♦ Employee satisfaction data
- ♦ Number of incidents (future)
- ♦ Percent of CPS/CWS positions filled (future)

This goal contributes to the following *DSHS Goals*:
GOAL F. IMPROVE FINANCIAL RESOURCES MANAGEMENT

This goal contributes to the following *Priorities of Government* results:
Improve the security of Washington's vulnerable children and adults

This goal contributes to the following Balanced Scorecard perspectives:
☐Public Value ☐Customer Perspective ☒Financial Perspective ☒Internal Process ☐Learning & Growth

SCO-8: STAFF AND PROVIDER TRAINING

Outcome SCO-8: Staff and provider training and development adequately support the goals of the agency.

Objectives:

- A. Employee development and training supports agency goals and objectives
- B. Service partners and placement providers are trained to carry out their duties
- C. Diversity of workforce closely reflects diversity of clients

Strategies:

- ♦ Implement training to support policy changes and program improvement priorities (staff, foster parents, providers and partners)
- ♦ Increase array of training opportunities and expectations for staff participation
- ♦ Implement competency testing following academy training and use results to improve academy
- ♦ Increase percent of staff with MSWs by improving use of the Child Welfare Training and Advancement Program (Title IV-E stipend program)
- ♦ Implement training in consultation with the Tribes and LICWACs on Government to Government principles, the Tribal-State ICW Agreement of 1987, and the CA ICW manual
- ♦ Increase training opportunities and expectations for licensed resource (foster) families
- ♦ Implement multi-systemic treatment foster care
- ♦ Increase training opportunities for non-licensed caregivers
- ♦ Increase training opportunities for contracted service providers and stakeholders
- ♦ Implement statewide and regional diversity training
- ♦ Collaborate with community partners to implement annual diversity conference for staff and partners

(Activities: Child Protective Service; Child Welfare Services; Family Reconciliation Services; Division of Licensed Resources; Adoption Services and Support; Alternate Response System; Behavioral Rehabilitation Services; Family Foster Home Care; Other Foster Care; Hope Center; Responsible Living Skills Program; Crisis Residential Center; Secure Crisis Residential Center; Street Youth Services; Victim Assistance)

Measures:

- ♦ Initial training for all staff (Case Review)
- ♦ On-going training is skills and knowledge based (Case Review)
- ♦ Training for foster parents, adoptive parents, and staff of licensed facilities is skills and knowledge based (Case Review)
- ♦ Percent of minority and disabled staff

This goal contributes to the following *DSHS Goals*:

GOAL I. IMPROVE WORKFORCE DEVELOPMENT AND DIVERSITY

This goal contributes to the following *Priorities of Government* results:

Improve the security of Washington's vulnerable children and adults

This goal contributes to the following Balanced Scorecard perspectives:

☐Public Value ☐Customer Perspective ☐Financial Perspective ☐Internal Process ☒Learning & Growth

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CHILD AND FAMILY SERVICES PLAN 2005-2009

Part III: (1) Strategic Plan

June 30, 2004

Last Updated November 7, 2005

Chapter 5 • Organization Assessment Summary

PERFORMANCE ASSESSMENT

In November 2003, the federal Department of Health and Human Services (DHHS) Administration for Children and Families completed the Child and Family Services Review following on-site reviews of 50 child welfare cases in three areas of Washington. The review included numerous interviews with department partners who represent the court system, Tribes, foster parents, mental health and substance abuse programs and other services that support the safety and well-being of Washington's children.

Data for the review was gathered from October 2001 through September 2002. The case sample was pulled from cases open between October 2002 and May 2003. Some of these cases were closed early in 2003 and may not reflect current practice improvements.

Like the other states that completed the federal review, Washington did not meet the federal standards in all the areas of child welfare examined by reviewers. The state met federal standards for four of the seven systemic factors. Washington met the federal standards for two of the six data indicators and was within five percent of meeting two others. Although close on some measures, Washington did not meet the standards for the seven child welfare outcomes in the areas of safety, well being and permanency. The reviewers identified many strengths in Washington, but found inconsistency in practice across the state.

According to the report, Washington is strongest in foster care licensing and recruitment, responsiveness to and partnerships with local communities, data collection and analysis and quality assurance programs.

Washington met or exceeded federal standards in the following areas:

- Protecting foster children by low rates of abuse of children in foster care. Washington's low rate far exceeds the federal standard. This is the result of the state's effective system for screening prospective foster and adoptive parents. During the review, no children were found to be at imminent risk of harm.
- Reunifying 82 percent of foster children with their families within a year, well exceeding the federal standard.
- Successfully placing more children than ever with relatives, preserving powerful family ties when children cannot return home to their parents.
- Finding adoptive homes for more children in 2003 than at any time in history.
- Successfully placing children with their siblings and in close proximity to their parents.
- Coordinating and integrating services for children and families served by various agencies and responsiveness to the needs of the community.
- Developing an excellent quality assurance system, with standards in place that ensure children in foster care are provided quality services that protect their safety and health.

- Developing a strong computer data system to track children, maximize the use of resources and provide the technical support that a modern child welfare system requires.
- Providing effective competency-based training to new social workers.

The state came within five percentage points of achieving the federal standards for timely adoptions and for placement stability.

The federal review highlights the following challenges:

Permanency and Stability for Foster Children: Washington is very close to meeting the federal standards for placement stability. The federal standard is that 86.7 percent of children have two or fewer moves in 12 months. Washington's percentage is close at 83.7 percent. The review noted that CA was not consistent in its efforts to prevent children from re-entering foster care and in establishing permanency goals in a timely manner. Reviewers recognized that overburdened court dockets, continuances and insufficient representation for parents and the department are barriers to more timely permanency decisions.

- **Kinship Care and Continuity of Family Connections:** Washington increased the percentage of children placed with relatives to 32 percent last year and is diligent in placing children with their siblings and in close proximity to their parents. Challenges include the barriers to both licensed and non-licensed care provided by family and extended family members, engaging fathers, involving children and parents in case planning and ensuring frequent visitation between parents and children and between siblings.
- **Foster Parent Recruitment and Retention:** CA has made some gains in recruiting new foster parents over the last few years, but more has to be done to recruit a diversity of homes to serve minority populations. Retaining foster homes continues to be a challenge. These issues will be tackled as DSHS re-evaluates its Foster Care Improvement Plan.
- **Child Safety:** The department plans to examine a cluster of issues around child protection. Of most concern is the need to develop a higher level of consistency and quality in the areas of safety assessments and timely responses to reports of child abuse and neglect, including face-to-face interviews with alleged child victims.
- **Services for Children:** Another challenge is providing services and educational and vocational opportunities for adolescents in the foster care system. DSHS needs to assess the scope of the department's authority and the parameters of its involvement with children who have been referred to the department, who have educational needs, and are living in their own homes.
- **Children's Mental Health Services:** The existing mental health system is structured to provide short-term care that does not meet the long-term mental health needs of children in foster care. The Children's Administration is working collaboratively with the DSHS Health and Rehabilitative Services and Juvenile Rehabilitation Administrations to redesign the entire children's mental health delivery system.
- **Contact between Social Workers and Families:** Data and research clearly show that more face-to-face contact with children and parents improves outcomes for children and families. Washington needs to improve the ability of workers to spend more time with the families and children they serve.

The federal review process has raised the bar in child welfare practice across the country. At least 90 percent of all cases reviewed during this assessment had to meet the federal criteria to be in complete conformity. When the state is re-reviewed in two years, it must meet the criteria in 95 percent of the cases reviewed. Washington could be penalized \$1.5 million if Children's Administration does not meet the goals of the program improvement plan in two years.

FINANCIAL HEALTH ASSESSMENT

(Updated August 24, 2005)

The 2005-07 biennial budget provides funding for an additional 123.9 Full Time Equivalents (FTEs) to implement reforms in Child Protective Services (CPS) and Child Welfare Services (CWS). The funding allows CPS workers to investigate abuse and neglect more quickly and CWS workers to visit at-risk children and families more often. Funding is provided for chemical dependency counselors and educational coordinators in regional field offices. In addition, when it takes effect in FY 2007, CA will have more funds to intervene and protect children in neglect cases.

The new FTEs will be hired over the course of the biennium—40 in FY 2006 and the remainder in FY 2007. However, CA already has implemented the provision for earlier face-to-face contact with children, within 24 hours for emergent referrals on April 20, 2005, and within 72 hours for non-emergent referrals on August 1, 2005. CWS workers will begin implementing the required face-to-face contact with children, parents and/or caregivers every thirty days on October 1, 2005.

The biennial budget also required CA to reduce regional support staff by 40 FTEs beginning July 1, 2005. Additionally, in order to reduce middle management as directed in the budget and to work within appropriated funds, CA FTEs in the headquarters office are being reduced from 235 FTEs in May 2005 to 181.3 FTEs. This represents a 23 percent reduction in headquarters from FY 2005 to FY 2006 and a 12 percent reduction from FY 2004. The FTE reduction process is slow due to limitations in the personnel system and should be complete by October 2005.

CA received a one time increase for costs for building leases in the FY 2005 supplemental budget but that increase was not carried forward in the 2005-07 biennial budget. In conjunction with the DSHS Division of Lands and Buildings, CA negotiates lease renewals very assertively. CA has not been adequately funded for lease costs for several years and projects to be \$1.3 million short for FY 2006.

The mandatory caseload adjustment step in the foster care budget provides funding for caseload changes based on the foster care forecast adopted by the Caseload Forecast Council (CFC) for the 2005-07 biennium. The forecast projects a monthly average of 8,059 children in foster care with an average cost of \$1,653 for FY 2006 and 8,071 children with an average cost of \$1,698 in FY 2007. The funded per capita costs are significantly lower at \$1,556 in FY 2006 and \$1,596 in FY 2007. The per capita variance results in a shortfall in the foster care budget of \$9.4 million in FY 2006 and \$10 million in FY 2007. The legislature directed CA to take steps to ensure that the average cost per case remains within the funding level. The foster care caseload estimates include family foster care, behavioral rehabilitation services (BRS) and receiving homes.

The mandatory caseload adjustment step in the biennial budget reduces funding for the Adoption Support Program. The adjustment is based on caseload changes adopted by the Caseload Forecast Council in November 2004, which forecasts on the number of eligible adoption support cases rather than the number of paid adoption support cases. In addition, Adoption Support per capita costs are tracking higher than what was forecasted. The higher actual per capita costs are mostly associated with Medicaid and Maintenance costs for these children. The funded per capita costs are \$526 in FY 2006 and \$525 in FY 2007, while the requested per capita costs were higher at \$597 and \$616 per case. It is unlikely the per capita costs can be reduced to the funded level since the actual Maintenance Agreements are negotiated for five year terms. This results in an underestimation of the cost of the Adoption Support Program by \$10 million.

COST REDUCTION STRATEGIES

(Updated August 24, 2005)

CA continues to focus on maximizing current resources and reviewing business practices in order to be more efficient. To ensure that expenditures are kept in line with appropriation authority, CA is reviewing all of its current spending.

The DSHS Budget Office is working closely with CA to put in place a comprehensive and sound financial management system. DSHS is raising the bar on financial accountability at headquarters and in field operations for all its administrations.

A top priority for DSHS and CA is to create a more sophisticated approach for projecting and allocating foster care and adoption caseload costs. Every child in foster care is different and comes into care with a variety of differing needs and services.

CA is actively pursuing the development of a new information system to replace the antiquated and aging Case and Management Information System (CAMIS). Please see *Chapter 6—Capacity Assessment Summary, Information Technology Plan*, for more detail. A new comprehensive automated information system, based on modern, flexible and expandable architecture, will reduce operating costs, save critical staff time, improve data for decision-making and fulfill the business needs of CA into the foreseeable future.

AGENCY SELF ASSESSMENT

The agency self-assessment is modeled after the Malcolm Baldrige National Quality Program and uses state government-related criteria within the seven categories of: Leadership, Strategic Planning, Customer and Market Focus, Information and Analysis, Human Resource Focus, Process Management, and Organizational Results. The assessment provides a comprehensive systemic overview to identify areas of strengths and progress as well as opportunities for improvement. In 2002, the self-assessment was completed by the CA Quality Steering Committee. The assessment concludes by identifying the top three strengths and opportunities for improvement, as well as ideas to improve/increase the integrity of the next self-assessment process. Scale is one to seven, with seven meaning “world class excellence.”

Strengths – three areas in which the agency is doing well

1. Strategic Planning: Strategy Development Process (4.5)
2. Leadership: Senior Leadership Direction (4.2)
3. Leadership: Organizational Performance Review (3.9)

Opportunities - three areas in which the agency has opportunities for improvement

1. Human Resource Focus: Employee Satisfaction and Recognition (2.2)
2. Performance Results: Human Resource Results (2.4)
3. Performance Results: Public Value and Benefit Results (2.6)

EVALUATION AND IMPROVEMENT METHODS

The Children's Administration has developed strong statewide quality assurance and improvement systems to ensure that the health and safety needs of children are met. Case record review, an important component of performance improvement, is a proactive process of reviewing, assessing and improving services to children and families through quarterly reviews and a random sample of open and closed case files. The key purpose of case record review is to assist CA staff in delivering the highest standard of services possible to children and families.

The state information system identifies the status, demographic characteristics, location and goals for children in foster care and is used extensively to track state performance on child and family outcome measures. Performance indicators are updated monthly, posted online, and can be drilled down to the unit level.

For continuous improvement, local office quality improvement standing teams advance the goals and objectives in the CA strategic plan. Standing teams review and compare office performance measures with regional targets identified in performance agreements.

Data sources used to identify areas needing improvement:

- Case record review reports
- Performance measures
- Accreditation standards
- Customer satisfaction surveys.

Chapter 6 • Capacity Assessment Summary

INFORMATION TECHNOLOGY PLAN

(Updated August 24, 2005)

The Case and Management Information System (CAMIS) is the primary information system used by CA to manage services delivered to children and families. CAMIS is a federally sanctioned State Automated Child Welfare System (SACWIS). The original CAMIS application was built in 1989 using mainframe computer technology. In the late 1990's CA began a project to give CAMIS a "face-lift," migrating the user interface from a mainframe terminal-based application to a Graphical User Interface (GUI). The intent was to keep intact much of the investment in CAMIS and improve the user interface and work flow.

However, changing business practices prioritized by deficiencies that were found in the 2004 federal Children and Families Service Review (CFSR) and other agency initiatives place many new demands on CAMIS which cannot be satisfied. The aging CAMIS architecture cannot support the new requirements. For example, CAMIS can not:

- Link service plans to risk assessments, e.g., automatically prioritizing services to address highest risks.
- Identify services with the greatest likelihood of achieving desired outcomes, e.g., permanently placing a child in a home.
- Address critical deficiencies identified in the failed federal audit, e.g., implement contract reform to pay providers for achieving desired outcomes as opposed to capacity.
- Meet Braam lawsuit requirements to track and reduce the number of placement changes for children in CA's care.

CA was recently notified by the Department of Information Systems that the middleware product (SysQL) was no longer supported, which places the system at serious risk of failure.

CAMIS lacks the financial controls required to establish a spending baseline and hold headquarters and field staff accountable to a budget. CAMIS lacks the controls to support CA's budgeting, forecasting, payment processing (including reconciliation) and contract management needs. For example, the system lacks the ability to prevent providers from receiving payments that exceed their total contract value and from receiving duplicate payments. Lack of information system support has resulted in manually intensive and inefficient processes.

In order to provide transparency—to tie taxpayer dollars to service delivery outcomes—and meet both federal and Braam lawsuit requirements, CA must implement data-driven management and performance systems and support these systems with new information technology.

A recent feasibility study concluded that proven replacement systems are available in the marketplace to address the need to integrate worker, case and financial data. This would enable CA to provide the data-driven performance monitoring and management called for in the Government Management and Accountability Program.

To address these needs, CA proposed the lowest risk and lowest cost approach, transferring a layered architecture SACWIS from another state. The transfer will be done by a "Systems Integrator" vendor under contract. The chosen Systems Integrator will implement the transfer of a currently operating SACWIS system and make needed modifications for the requirements of CA. Estimated completion date is dependent on funding.

CA continues to increase its focus on the web as a service delivery and communications mechanism (help centers, discussion forums, data warehouse reports). Further innovation and process improvement has been put on hold to allow CA Technology Services to address CA's immediate service delivery needs. Replacing the current information systems will enable Technology Services to resume its effort to equip CA's workforce with tools that enhance productivity and promote face-to-face contact with children and families.

WORKFORCE DEVELOPMENT PLAN

A training needs assessment was administered to staff statewide asking for specific feedback in the areas of social work practice, supervisory training and other training needs. Over 400 employees responded to the assessment. The information gathered will be instrumental in the development of the CA training calendar for the coming fiscal year.

A succession planning model is being developed to enable current employees to gain knowledge and practical leadership experience to prepare them for career advancement. The succession planning model has three tiers: entry, middle, and executive level. The goal is to implement succession planning in CA during fiscal year 2005.

DIVERSITY PLAN

CA has developed a diversity charter and is updating statewide and regional diversity work plans. It is CA's policy that no person shall be subjected to discrimination, excluded from participation or denied the benefits of any of its programs or activities. CA chooses to experience diversity as an opportunity for celebration and growth rather than a challenge to be managed.

CA is building ongoing partnerships with other DSHS administrations and community organizations, Tribes, LICWACs, and Indian organizations to provide a yearly diversity conference. CA is piloting diversity training to assess and make recommendations for mandatory training for all CA staff. This training requires a two to three year implementation process.

Appendices

APPENDIX 1 – INDIAN SERVICES PLAN

APPENDIX 2 – CHILD ABUSE PREVENTION AND TREATMENT ACT

APPENDIX 3 – CHAFEE FOSTER CARE INDEPENDENCE PROGRAM

APPENDIX 4 – TITLE IV-B, SUBPART 2 FUND: FEDERAL REQUIREMENTS

Appendix 1 • Indian Services Plan

Children's Administration will continue working with Tribes, Recognized Indian Organizations (RIO's), and LICWACs to ensure on-going consultation on policy development /implementation, potential funding opportunities, and service delivery are occurring on a regular basis in accordance with requirements of the Centennial Accord and Administrative Policy 7.01. Tribal needs and the needs of children and families served by RIO's are addressed on a quarterly basis through the regional Tribal/State consultation process. Issues impacting Tribes and RIO's across the State are addressed monthly with the Secretary's Indian Policy Advisory Committee, Children's Administration and DSHS Indian Policy and Support Service staff. Tribes and DSHS agencies meet once a year with the Governor to address barriers to the delivery of Indian Child Welfare Services, and report on progress related to the elimination of identified barriers.

In 2005, Tribes submitted names to Children's Administration of Tribal representatives authorized to officially consult with CA and address the specific needs of children from their particular Tribe. Requests for consultation will include the Tribal delegate appointed to consult with Children's Administration along with IPAC delegates, Indian Policy and Support Services staff, and representatives of RIO's. The annual Progress Report and Comprehensive Child and Family Service Plan will be reviewed by all parties prior to submission to ACF.

In FY 2006, the Children's Administration will be looking at the following issues in consultation with Tribes and RIO's for the purpose of achieving full ICWA compliance:

- Development of the ICW Quality Assurance Model. A Tribal/State committee is in the process of developing a review of current ICW QA models currently in existence for the purpose of determining applicability to Washington ICW mandates. The goal of the Tribal/State ICW QA model will be to develop tools, methodology, and sampling size for an ICW case review model. The model will be implemented to assist the State in assessing current ICW compliance and practice issues and developing plans to address any areas needing improvement jointly with CA, Tribes and Recognized Indian Organizations.
- CA has contracted with the National Indian Child Welfare Association (NICWA) to continue their efforts to establish a Tribal/State work group for the purpose of examining barriers to full implementation of Tribal licensing standards. The workgroup convened in May 2005 to begin this process, and once the barriers are identified, CA will work with Tribes to eliminate the barriers. The expectation is that this effort will result in additional Tribal placement resources for Indian children, and improved compliance with ICWA mandates.
- Training related to ICW compliance and practice is currently being examined for the purpose of updating the statewide ICW training curriculum to reflect the revised ICW Manual. The Manual is a compilation of Federal ICW Law, the Tribal-State ICW Agreement of 1987, and State ICW policy. NICWA is working with Tribes, CA and representatives of Indian Organizations in the state to pilot the revised ICW curriculum. The purpose of this effort is to build ICWA training that will support good ICW practice and increase compliance with ICW mandates.
- Children's Administration, Tribes, Indian Policy and Support Services staff and RIO's will continue efforts to analyze the States Comprehensive Plan to determine any impact the plan will have on ICW practice.

- Children's will continue to review high profile and fatality cases with the child's respective Tribe for the purpose of communicating how we can improve our working relationship and ensure Indian children safe from abuse and/or neglect. Local Tribal/State Agreements are being reviewed to ensure they support Indian children's safety and well being.
- The Children's Administration will follow up with IV-B Tribes to ensure the State is doing everything possible to offer any necessary support to Tribes related to permanency protections.
- CA has a workgroup composed of tribal and state staff which will be planning an ICW summit this year. Agenda items are currently under consideration and plans will include break out groups to address specific areas of concern such as issues impacting regional Indian Child Welfare Advisory Committees around the State. There are training needs to also ensure consistency of practice, and knowledge of ICW mandates.
- CA is working with Tribes, Indian Education and Recognized Indian Organizations in the development of Continuous Quality Assurance efforts. The ICW CQI workgroup in one region will be looking at data and specific related outcomes for ICW children for the purpose of developing strategies to improve child outcomes and ICW compliance.
- CA has issued a mandate to ensure that all staff performance evaluations include information regarding their performance in carrying out ICW mandates and practice. On-going training and dialogue will occur regarding the implementation of this mandate throughout the year.
- CA has a workgroup, which includes Tribal representatives, that is looking at on-going issues related to the implementation of ICW, including a review of ICW forms, manuals, policies, etc.
- CA will continue throughout the year to provide information and technical assistance to Tribes interested in applying to the state to enter into IV-E Agreements.
- CA will conduct a review of all contracts with Tribes and Indian Organizations to ensure these contracts deliver efficient and effective services and that outcome measures are built into these contracts. CA looks forward to working closely with Tribes and Indian Organizations in any revisions that will result.

Many of these initiatives will be on-going. The Children's Administration is looking to the continued partnership between the State and Tribe to bring about better outcomes for Indian children related to safety and well-being.

Appendix 2 • Child Abuse Prevention and Treatment Act

Children's Administration (CA) will continue to designate for improvement the following areas from the options enumerated in section 106(a)(1) through (14) of the Child Abuse Prevention and Treatment Act:

- Improving the intake, assessment, screening, and investigation of reports of abuse and neglect (section 106(a)(1))
- Improving the general child protection system by developing, improving, and implementing risk and safety assessment tools and protocols (section 106(a)(4))
- Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level (section 106(a)(12))

The specific activities to be funded by the CAPTA state grant will continue to be:

- Six regional Child Protective Services program managers
- The Medical Consultation Network

CA plans to implement additional organizational restructures beginning in July 2005.

The strategies outlined in Chapter 4 of the Strategic Plan, Goals, Objectives, Strategies and Performance Measures, Child Safety can be categorized as follows:

- Improving the intake, assessment, screening, and investigation of reports of abuse and neglect (section 106(a)(1))
 - Restructure the Child Protective Services model to improve investigations, risk assessments and provide clear role definitions
 - Implement training to support the model (including advanced investigation and assessment training for CPS workers)
 - Reduce response time on Child Protective Services referrals
 - Increase the percentage of cases where initial face-to-face contact for investigations is met within the required timeframes
 - Develop criteria requiring Area Administrator case record review when CPS investigations are conducted on open CWS cases
 - Improve accuracy and consistency for findings of abuse and neglect
 - Improve consistency of intake screening decisions
 - Improve response to adolescents at risk (screening and assessment tools)
 - Strengthen approach to child neglect, chronicity and repeat maltreatment
- Improving the general child protection system by developing, improving, and implementing risk and safety assessment tools and protocols (section 106(a)(4))
 - Review and revise Kids Come First policy framework and tools
 - Improve percentage of safety plans and risk assessments completed within required timeframes
 - Improve the quality of safety assessments and safety plans
- Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level (section 106(a)(12))
 - Strengthen and improve Child Protective Teams (CPTs)
 - Implement statewide interagency domestic violence protocol and improve awareness and response to domestic violence
 - Collaborate with service providers to maximize service alignment with new CPS model to protect children and prevent removal.

Appendix 3 • Chaffee Foster Care Independence Program

Section 477 (b)(2) Lead Agency	<p>In Washington State, the Department of Social and Health Services, Children's Administration (CA) administers, supervises, and oversees the Title IV-E program and the Chaffee Foster Care Independence Program (CFCIP). CA has continued efforts to implement and improve the Chaffee Independent Living Program. Community collaboration is a guiding force in our work with adolescents and their caregivers. Contact information for the CA program manager is as follows:</p> <p style="text-align: center;">Rick Butt, Independent Living Program Manager Department of Social and Health Services Children's Administration Post Office Box 45710 Olympia, WA 98504-5710 (360) 902-8243 Phone (360) 902-7903 Fax rlbu300@dshs.wa.gov</p>
Section 477 (b)(2) (F)	<p>The state of Washington agrees to continue to participate in national evaluations of the Chaffee Foster Care Independence Program. The Office of Children's Administration Research (OCAR) completed its three-year study called <u>Foster Youth Transition to Independence</u> in 2004. The study examined the characteristics of youth leaving public child welfare in Washington State, how prepared these youth are for emancipation, and how the youth are doing after emancipation. It concluded that Independent Living services did appear to be effective and that the provision of increased services upon transition into adulthood had a positive impact on the success of the youth. However, factors such as arrest, pregnancy, tobacco use and receipt of public assistance were evident with some youth who had transitioned out of care. The study also concluded a need to focus on matching the service type to the needs of specific populations. The complete study is available at http://www.dshs.wa.gov/ca.</p> <p>In November 2004, the United States General Accounting Office (GAO) released its comprehensive survey which focused on how various states implement their CFCIP. Washington was one of the select few states that participated in a site visit by the GAO. The purpose of the visit was to gather information on how Washington State implements its CFCIP, including CA's use of federal funds to develop independent living programs, development of an independent living data collection system, and community collaboration. The survey identified the need for additional services and support for youth in foster care and youth transitioning into adulthood. It identified the need for professionals working with this population to become more aware of the resources that are available in order to provide the full array of services necessary. The survey concluded that the state plans and annual reports would be useful in the federal oversight and monitoring of the Chaffee Program. This complete survey can be reviewed at http://www.gao.gov/new.items/d0525.pdf</p>
Vision Statement/ Summary of goals	<p>Vision Statement</p> <p>The vision for Washington State's Chaffee Foster Care Independence Program is to provide measurable and outstanding state and Tribal wide independent living, transitional living, and education and training voucher programs by the end of 2006.</p>

Data and Accountability

The first years of Chafee implementation have been primarily concerned with developing the infrastructure for services and making sure social service workers, youth, and other stakeholders are aware of resources available, and evaluating the status of youth transitioning from state care. As we move into the next year of implementation, CA's focus will be to improve Washington's Independent Living (IL) program and services by using data that describes the needs of the young people and, consequently, informs our practice strategies. This data will assist CA's efforts in targeting specific needs and groups of youth; in measuring the outcomes to inform effective evaluation; in holding service providers accountable by refining the performance based contracting with IL providers; and will allow CA to pursue funding for expanding IL programs. Data sources will be AFCARS, the Foster Care Report, Ansell-Casey Life Skills, re-writing required IL Provider reports to reflect information to be required by the National Youth In Transition database (NYTD) in development, and other data gathering techniques that might be developed.

Sharing Knowledge

During the next year, Washington will pay greater attention to staff and foster parent training, replicating promising practices among providers, and sharing knowledge among the IL providers in the region. CA will work to strengthen connections with the Tribes and other Chafee providers to ensure that all youth have equal access and opportunities to utilize Chafee resources. CA will use technology to share tools and strategies, particularly to reach youth and families in rural areas. Washington will engage youth in ways that give them the opportunity to influence IL services and outcomes.

Collaborations

In the area of education, Washington has made promising inroads with systems integration to improve services for youth in the educational system. CA will build on that success by creating equally extensive collaborative relationships in the areas of career development, employment, and housing services.

Children's Administration has also developed an Adolescent Workgroup which encompasses a variety of community agencies who convene to examine issues of importance to youth and young adults in Washington State. The group develops proposed policies and program planning documents that are then submitted to CA Management Team for authorization and if approved, implementation. In the past year, the workgroup addressed issues pertaining to adolescent independent living skill development, educational issues and adolescent safety, development of a youth advisory board, and promotion of family involvement in case planning at behavioral rehabilitation facilities.

Children's Administration (CA), in collaboration with Casey Family Programs, Mockingbird Society and Washington Education Foundation, has developed a Statewide Youth Advisory Board to provide on-going feedback to CA on its policies and practices. The members of this first board consist of young men and women of varying ages and ethnic backgrounds. Efforts continue to recruit additional members to reflect the population in all geographic regions of Washington State. Board members will be trained on leadership, self advocacy, the Board's process and function, its roles and responsibilities, as well as be utilized for input on CFCIP program development. The Board will also be presenting to various agencies statewide on their individual foster care experiences and group recommendations for change.

Section
477 (a)(1-
6)

(1) Help youth make the transition to self sufficiency

The Washington State legislature established statutory authority to serve former foster youth ages 18 through 21 in June 2001. CA immediately began implementing services to address the needs of this population. Services to former foster care youth are delivered via a Transitional Living Contract. These contracted programs are known as ***Transitional Living Programs (TLPs)***. Only providers who have IL programs are allowed to have Transitional Living Programs so they can develop relationships and support systems with the young people over time.

To achieve consistency in the assessment and case planning for young people transitioning from care, the Ansell-Casey Life Skills Tools are being used by all Independent Living contractors in Washington State. Ansell-Casey Life Skills Assessment (ACLSA) web-based tools are nationally recognized tools that help youth in out of home care prepare for adulthood. The tools include the ACLSA which consists of developmentally based youth and caregiver assessments. Score reports pop up immediately after the assessment, showing areas of greatest strength and challenge, and can be used to create a learning plan using the Life Skills Guidebook. The assessment addresses the life skill domains of Career Planning, Communication, Daily Living, Home Life, Housing & Money Management, Self-Care, Social Relationships, Work Life, and Work and Study Skills. Aggregate data is available to indicate areas for program focus and to document pre and post outcomes for clients.

In addition to the ACLSA assessment, the Life Skills tools include a Life Skills Guidebook and the "Ready, Set, Fly" curricula for foster parents. There are additional Assessment Supplements designed to help specific groups of young people, such as supplements for parenting youth, pregnant youth, and American Indian Youth. The Casey Life Skills are free and located at www.caseylifeskills.org.

Independent Living Programs will address the seven critical areas outlined in the youth centered framework "It's My Life," a guide to transition services for young people who age out of foster care and other substitute care. The guide can also be used to provide or arrange services in the areas of cultural and personal identity formation, community connections and supportive relationships, physical and mental health, life skills, education, housing, and employment.

The Foster Youth Transition to Independence Study (2004), conducted by CA, also will be used to highlight areas of focus for program services for transitioning youth.

Washington State passed the Homeless Prevention, Protection and Engagement (HOPE) Act in 1999 that established the Responsible Living Skills Program (RLSP). RLS programs are designed for youth, ages 16 to 18, in the custody of the State or Tribe. The programs provide long-term housing, assessment, and life skills training to youth who are state-dependent, who are not returning to their families, and who have been unsuccessful in traditional foster care. This program will continue to be used as an enhanced service to Independent Living Programs.

(2) Help youth receive the education, training and services to obtain employment

Educational stability and achievement for children in foster care continues to be an important aspect of insuring a successful transition to self-sufficiency. In 2002,

the Children's Administration (CA) and the Office of the Superintendent of Public Instruction (OSPI) convened a workgroup to examine methods to improve school stability and achievement for children in foster care. Specific recommendations to improve practices in information sharing, educational advocacy and education planning resulted.

The 1058 Oversight Committee which was also developed made tremendous accomplishments in promoting educational stability and achievement. This committee was instrumental in developing and promoting the following:

- School- Based recruitment tool kits
- Signing a MOU between CA and OSPI
- Identifying CA Education Leads in each Region who are working on developing agreements with local school districts
- 2004 Statewide Education Summit was held
- Publishing an Information Sharing Field Guide
- Two School Based Recruitment pilots
- Choosing a Contractor for the School-based Foster Parent Recruitment Request for Proposal (RFP)
- Developed DCFS/School district agreement protocols
- Developed Draft protocols and training for data sharing
- Developed a variety of forms including the Draft Shelter Care Order, Parental Authorization form, and the Authorization and Delegation form.

The 1058 Education Committee will continue to promote their efforts in improving educational outcomes for foster youth.

CA received \$1,300,000/ biennium (\$900,000 state/ \$400,000 federal) for contracted educational coordinators to provide educational advocacy and systems improvement to assist foster children and youth to succeed in the K-12 and higher education systems. CA management has decided to utilize a statewide contractor to provide these services, and is in the process of negotiating this contract and expects to have these positions in place in late fall 2005.

All Independent Living Programs will connect with their local One-Stop office(s) sponsored by the Department of Labor Workforce Investment Act (WIA) to access the employment and training resources for which they are eligible. The WIA services include tutoring, alternative schools services, mentoring, paid and unpaid work experiences, occupational skills training, and other supportive services. Foster youth are a target group for WIA youth programs.

(3) Help youth prepare for and enter post-secondary training and educational institutions

In 2001, Governor Gary Locke instituted a golf tournament to raise funds for scholarships for foster youth to attend higher education institutions. This program will work in concert with Washington State's Education and Training Voucher Program to identify post-secondary bound youth and help provide them with coaching and financial assistance. This type of tournament will continue yearly in its efforts to raise funds for this population. CA will also work with Casey Family

Programs and the Orphan Foundation to pool resources for these youth. Building on these initiatives and opportunities, CA and other community stakeholders are proposing a comprehensive effort to meet the post secondary education needs of youth from foster care - the Foster Care to College Program. The intent of this program is to reach out to those who will be emancipated from foster care by helping them graduate from high school and attend college utilizing the scholarship aid that is currently available to them. The Foster Care to College Program will establish a common service strategy for all foster youth and provide guidance, preparation, and support for college attendance. The Foster Care to College Program will also educate and inform social workers, juvenile courts judges, private agencies, educators, foster parents, and foster youth about the opportunities available to foster youth to attend college.

Spearheaded by CA, the initiative will be managed by a consortium of community agencies such as the Independent Living Program, the Washington Education Foundation, Treehouse, Casey Family Programs, the Higher Education Coordinating Board, and the Office of the Superintendent of Public Instruction.

Contracted IL providers will continue to prepare and mentor foster youth ages 16 to 18 to complete high school or a GED program, and enter post-secondary education programs.

Washington Education Foundation hosted a "Make It Happen" College preparation program for 100 foster youth this summer. The goal was to expose foster youth to the tools necessary to have a smooth transition from foster care to campus life. This program proved to be a big success and Washington Education Foundation plans to continue this yearly.

(4) Provide personal and emotional support to youth through mentors and the promotion of interaction with dedicated adults

IL services support positive youth development and allow youth to build supportive adult relationships with IL staff. The assessment of IL needs and completion of the IL plan for all foster youth ages 16 and 17 is a requirement. The IL checklist is also required to be in every service record prior to the date the youth is expected to exit from care. Youth-centered personal and emotional support will be facilitated through the use of the ACLSA.

Independent Living Programs will be grounded in outcome-oriented practices that focus on the strengths and potential of youth. These practices will be youth-directed and put the young person in charge of his or her own planning, focuses on their strengths and talents, and gives them the choice and the authority to identity what they want and need to achieve their goals and dreams. This challenging approach honors the young person's choices and preferences and encourages the young person to invite people from his or her life to participate in planning and decision-making. This will also include using age appropriate tools and strategies to help young people voice their capabilities, determine the supports and outcomes they seek, and develop goals to help their dreams become a reality.

The recipients of the Education and Training Vouchers will receive mentoring and support through their post-secondary programs. This will be a formalized and contracted service.

(5) Provide financial, housing, counseling, employment and other appropriate support and services to former foster care recipients between 18 and 20 years of age

Whenever possible, services to former foster care youth are delivered by contracted service providers. Transitional living programs are currently offered in every region. If contracted service agencies are not available, youth may still apply for transition funds through a regional CFS office. Contracted private agencies will continue to develop partnerships with housing and employment agencies and help young people stay connected to supportive adults and peers. Contracted Transitional Living Programs will continue to provide the following services:

- Educational services, including basic literacy and computational skills training, either in local alternative public high schools or in a high school equivalency program that leads to obtaining a high school equivalency degree
- Assistance in securing and maintaining safe and stable housing
- Assistance and counseling related to obtaining vocational training or higher education, job readiness, job search assistance, and placement programs
- Counseling and instruction in life skills such as money management, home management, consumer skills, parenting, healthy marriages, health care, access to community resources, as well as transportation and housing options
- Individual and group counseling
- Networking with federal agencies and state and local organizations such as the United States Department of Labor, employment and training administration programs including the Workforce Investment Act which administers Workforce Development Councils, the Job Corps, vocational rehabilitation, volunteer programs, and housing authorities.

Independent Living program staff will educate young people about a variety of federally funded programs that offer skills training and other employability development activities such as Job Corps, Youth Build, City Year and AmeriCorps.

(6) Make available vouchers for education and training, including postsecondary education, to youth who have aged out of foster care

Services to former foster care youth in Washington State will be delivered via a contract for ETV services. Only IL providers who also provide Transitional Living (TL) services will be allowed to have an Education and Training Voucher contract. This is to help create a "continuum of care" for youth who enter a provider's IL program and subsequently transition to the TL program. TLPs are already experts with youth ages 18-21 and have already established relationships with the youth who will take advantage of ETV. ETV services include:

- Outreach, identification, eligibility determination of ETV recipients
- Helping youth fill out ETV application, Free Application For Federal Student Aid (FAFSA) application, and other financial aid applications
- Coaching recipients of ETV. This service includes:
 - ♦ Working with other agencies such as the Washington Education Foundation, the Orphan Foundation of America, the Washington State Higher Education Coordinating Board, and post-secondary institutions to identify additional resources for youth
 - ♦ Helping youth to develop education and career plans

- ◆ Providing support for youth through their post-secondary education
- ◆ Tracking youth progress in their post-secondary program
- ◆ Submitting quarterly reports detailing demographic information, information about the use of ETV funds, and other tracking information to help better the ETV program.

Help youth receive the education, training and services necessary to obtain Employment

A Chafee Independent Living database was created in 2003 to allow child welfare supervisors and social workers to track Chafee eligible youth. The data base allows CA to begin transition planning for every 17 year-old in care. Transition planning provides young people access to their local TLP prior to exit from foster care. A formal transition plan for every young person in foster care provides a safety net and ongoing connection to a support system upon exit from foster care. Additionally, TLPs already serve many of the eligible and soon to be eligible youth and will work with each youth to create education plans that will include ETV.

Posters and calendars are being developed by Washington Education Foundation and will be distributed throughout the state including local CFS offices, post-secondary educational institutions, and IL providers to publicize the ETV program to as many youth as possible. Partnerships with other educational organizations will continue to be created and enhanced.

Describe how the State will design and conduct its program to meet the conditions outlined in section 477(b)(3)(J) and section 477(i). Describe the methods the State will use to: (1) ensure that the total amount of educational assistance to a youth under this and any other Federal assistance does not exceed the total cost of attendance; and (2) to avoid duplication of benefits under this and any other Federal assistance program.

ETV contractors will receive assistance in the areas of helping young people with financial aid applications, connecting young people to mentors and other support systems, and establishing partnerships with vocation, training and college institutions. Coordination between ETV contractors and the Washington Education Foundation, the Washington State Higher Education Coordinating Board, and other agencies will enable former foster care youth to have access to the maximum amount of financial assistance (e.g., federal student financial aid programs, grants, scholarships, etc.). Moreover, DSHS will approve costs for higher education that shall not exceed the lesser of \$5,000 or the total cost of attendance as defined in section 472 of the Higher Education Act, thereby allowing ETV funds to leverage other sources of funds and give us the opportunity to provide special assistance to youth with learning disabilities and other barriers to education and employment success. A guidebook and application have been developed to instruct providers how to:

- Determine eligibility for ETV
- Determine financial need based on the Higher Education Act
- Work with other agencies to identify additional resources for youth
- Provide mentoring services
- Provide quarterly reports.

<p>Room and Board</p>	<p>The guidebook and application are kept up to date by the IL Program Manager with consultation from ETV providers and DSHS staff. Tracking and monitoring procedures will be put in place in order to prevent duplication of benefits.</p> <p>Briefly describe how all political subdivisions in the State are served by the program (section 477(b)(2)(B)).</p> <p>Washington State has tremendous diversity both geographically and economically. CA has six geographical regions and 29 federally recognized Tribes. Every region has an ETV provider to administer the ETV services. All Tribes have access to regional ETV services as well as a 10 percent set aside earmarked for Tribal entities only. A guidebook specific to Tribal participation will continue to be distributed to every Tribe.</p> <p>The State has set a reasonable definition of “room and board” and provided the definition in the application:</p> <p>“Room and Board” is defined as assistance provided to a former foster care youth from age 18 up to 21 in the form of payment for rent, utilities, deposits and housing costs. Room and board or housing costs are budgeted and tracked separately by CA to ensure that not more than 30 percent of the state’s Chafee Independent Living funds are used for housing expenses.</p>
<p>Section 477 (b)(2)(c)</p>	<p>Describe how youth of various ages and at various stages of achieving independence are to be served, particularly with regards to services for (1) youth under 16, (2) youth 16-18 and (3) youth 18 through 20.</p> <p>Washington State has identified any youth who is in care at age 13 or older as “likely to remain in foster care until age 18.” Our services for these youth are broken out as follows:</p> <ul style="list-style-type: none"> ▪ Service to the 13 to 15 year-old population will primary consist of tutoring. The services will be expanded to include age appropriate services mirroring the services provided to 16-18 year olds. Currently IL providers do not serve 13-15 year olds; regions purchase tutoring assistance for them. ▪ Services to the 16 to 18 year-old population include: One-on-one case management and skill building classes that address communication, money management, employment preparation, educational preparation and career planning, educational advocacy, tutoring, GED preparation courses, resume development, completion of financial aid applications, youth advocacy and citizenship, personal safety and appropriate recreation, establishing adult connections, and utilizing public transportation. This area will be the primary focus for establishing statewide evidence-based practices. ▪ Services to former foster youth ages 18 up to 21 are the same set of services available to 16-18 year olds with the addition of housing assistance and ETV services. A main focus of this population is stabilization and supportive services. ▪ Confidentiality issues remain a challenge to agencies and organizations outside of CFS who want to provide community-based services for foster youth. In particular, it is difficult to plan for or target/recruit youth for opportunities and services when they cannot be identified. CA and the IL program manager will continue to identify solutions to this problem area.

Section
477
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Public and Private Sector Involvement

Each region will develop a community action council for adolescent foster youth centering on IL outcomes. These groups will consist of CA employees (including the regional IL Coordinator), IL providers, Tribes, community leaders, current and former foster youth, and other interested agencies. These councils will provide technical assistance to IL providers and child welfare staff and are intended to facilitate community collaboration among both the public and private sectors. Council meetings will occur at least quarterly.

The IL program manager will organize at least one statewide provider meetings annually. These meetings will give each provider a chance to share best practices and receive technical assistance from the IL program Manager and other IL providers, as well as provide input on the CFCIP plan. Additionally, workshops and presentations from public and private agencies will further enrich the meetings. The IL program manager will have communication within each region at least twice during the year with IL providers, CA staff, foster youth, former foster youth, and other interested parties to discuss the CFCIP.

Each year, a solicitation process occurs welcoming our Tribal partners to request Chafee funds to deliver IL services to youth in Tribal custody. Funds are allocated to regional, contracted IL providers and Tribes based on the number of IL eligible youth in foster care in state and Tribal custody. The IL program manager will make efforts to establish face to face contact with every Tribe to answer all questions and promote the CFCIP and attend statewide Tribal meetings quarterly to solicit input on the CFCIP. Tribes will continue to be notified that they can access regional IL programs as well as receive direct funding to run their own IL programs.

Each year, a copy of the CFCIP plan will be distributed to all federally recognized Tribes, IL providers, and other interested parties for feedback. Tribes, private and public agencies are all on a distribution list and receive this plan for their review.

CA will continue to participate in the Stuart Foundation Youth Permanency Project. The Youth Permanency Project focuses on strengthening practice and policy in order to ensure permanency for older children and youth. The Stuart Foundation sponsors an annual convening to learn about best practice models and develop strategies for implementation.

The Washington State Independent Living program manager and other CA staff are closely aligned with Casey Family Programs. Collaborative efforts between CA and Casey Family Programs occur at both the direct service level and the systems improvement level to help adolescents in foster care achieve self-sufficiency. At the level of direct services, CA staff will continue to work with Casey workers in Seattle, Yakima, and Tacoma, jointly providing services to adolescents in and from foster care. At the systems level, the IL program manager will continue to work closely with the Casey Washington State Strategy Director to review and adopt Casey best practices, tools and products chosen by the IL program manager and to coordinate technical assistance from Casey in implementation of services.

The Washington State Independent Living Program Manager will work in concert with the Casey Family Programs funded Employment Manager, who has

Fair and Equitable Treatment of Benefit Recipients

Standardized eligibility criteria were developed to ensure fair and equitable treatment. The Case and Management Information System (CAMIS) computer system will provide quarterly reports regarding IL eligible youth in the Washington State foster care system. These reports will be compared to quarterly reports submitted by IL contracted providers and Tribes with IL program agreements. Efforts are constantly made to provide consistent, on-going training to these entities and child welfare social workers to ensure that every youth that is eligible for services is referred and that outreach services engage eligible youth in services.

Public Review and Comment: This plan was submitted for a formal public review and comment for 30 days. Comments received were discussed internally among CA staff and changes, additions, and deletions were made to the plan based on these comments.

Political Subdivisions

Washington State has tremendous diversity both geographically and economically. Washington State has six Children and Family Service (CFS) regions, and 29 federally recognized Tribes.

Region One is located in the northeast section of the State. It is primarily a mountainous, rural region with one major metropolis that is the third largest city in the State. Region One contains eleven counties.

Region Two is located in the southeast section of the state. Its economy is a combination of agriculture and high tech. Region Two has the largest Indian reservation and largest minority population. Region Two includes eight counties.

Region Three is located in the northwest section of the state. This region encompasses five counties, two of which are composed of islands.

Region Four is comprised of the most populated county in the state (King County) and includes Washington's most populated city (Seattle). Region Four is located in Central Puget Sound.

Region Five is located in the south central Puget Sound area and contains the second largest city (Tacoma) in the state. Region Five is comprised of two counties joined by a bridge across Puget Sound.

Region Six is located in the southwestern section of the state and encompasses twelve counties.

All six CFS regions have an IL Coordinator whose duties include on-going collaboration with the CA IL program manager to develop and implement the Chafee Foster Care Independence Program. The IL program manager interfaces directly with Tribes. The regional IL coordinators and the IL program manager meet at least quarterly to address problem areas, coordinate strategies for CFCIP development, and plan statewide IL functions.

Action
Plan

ACTION PLAN FY 2005 - 2006

- Identify any remaining uncovered service areas for IL, TL and ETV programs
- Continue using the Ansell-Casey Life Skills Assessment (ACLSA) as the statewide IL assessment tool
- Set up state-wide data aggregation using the ACLSA
- Create policy and procedures manual detailing minimum levels of service and other contractor expectations for all providers to follow
- Create a state sponsored IL web site and promotion publications
- Establish statewide provider meetings at least once a year
- Utilize the Statewide Youth Advisory Board to provide feedback on current policies and practices in an effort to improve service delivery to youth in CA custody.
- Search for additional funding for IL activities
- Re-write Tribal IL contract to be more consistent with regional contracts
- Establish Tribal relations with every regional IL Program
- Write IL contracts to be outcome-based using previous outcome data and outcome goals as the basis
- Provide outreach to all federally recognized Tribe in Washington State about the services available through the IL programs
- Distribute literature to youth on the various services available to them as they leave dependency and enter post secondary education.

Appendix 4 • Title IV-B, Subpart 2 Funds: Federal Requirements

Children's Administration will use Title IV-B, subpart 2 funds on actual service delivery within the following four categories:

- **Family preservation (20 percent):** Family Preservation Services (FPS) is described in Chapter 2 of this Strategic Plan, The People We Serve, Program Description.
- **Community based family support (20 percent):** Alternative Response System (ARS) is described in Chapter 2, The People We Serve, Program Description.
- **Time limited family reunification (20 percent):** Time limited family reunification funds under Title IVB, subpart 2 (totaling not more than 20 percent of the allotment) may be used partially to provide FPS for family reunification when children have been in out of home care not more than 15 months. Time limited family reunification funds may also be used to fund Intensive Family Preservation Services (IFPS), described in Chapter 2, The People We Serve, Program Description. While IFPS is available to families whose children are at imminent risk of out-of-home placement as well as to reunify a child with their family from out-of-home care, the IVB-2 funds for time limited family reunification will be used for IFPS services for children in out of home care not more than 15 months. Expenditures will be tracked through a Social Service Payment System code that indicates the service is being provided to a child in out of home placement for not more than 15 months. Time limited family reunification funds also may be used to fund transportation and supervised visitation, as described in Chapter 2, The People We Serve, Program Description, and family team decision meetings.
- **Adoption promotion and support services (20 percent):** Adoption promotion and support funds under Title IV-B, subpart 2 will be used in 2005-09 to fund post permanency resource centers, as described in Chapter 2, The People We Serve, Program Description, Out-of-home Care Services, and the Adoption Program. Funds may also be used for recruitment of prospective adoptive homes, development of specialized adoption curricula and training of staff on adoption related issues.

The remaining 20 percent will be spread across programs and spent on administrative and program support. No more than 10 percent of the funding will be spent on administrative and program support in any one program area.

Family preservation services, community based family support via the Alternative Response Systems services to families referred for child protective services, time limited family reunification services, and adoption promotion and support services span the continuum of child welfare services. Each service targets children at a different point in the continuum, facilitating permanency at each point.

Agencies and organizations were selected as family support service providers by regional or statewide evaluation committees. Solicitation of providers occurred regionally to ensure community based services. Regional contracts were awarded to those who met established standards. A Request for Proposal will be issued for the adoption resource centers.



This document is also available electronically at:

www1.dshs.wa.gov/strategic

Persons with disabilities may request a hard copy by contacting DSHS at: 360.902.7800, or TTY: 800.422.7930.

Questions about the strategic planning process may be directed to DSHS Constituent Services at: 1.800.737.0617.

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